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Forgiveness as Outcome in Emotion Focused Therapy  
for Adult Survivors with Childhood Abuse

by

Helen Chagigiorgis

A Thesis

Submitted to the Faculty of Graduate Studies and Research  
through the Department of Psychology  
in Partial Fulfilment of the Requirements for  
the Degree of Master of Arts at the  
University of Windsor

Windsor, Ontario, Canada

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## ABSTRACT

The objectives of the present study were to (1) identify clients who reported forgiveness with abusive and/or neglectful other(s) in Emotion Focused Therapy for Adult Survivors of childhood abuse (EFT-AS) and (2) determine whether this subgroup was distinct from clients who did not report forgiveness in terms of pre-treatment characteristics, therapy processes and outcome. Previous studies have shown conflicting results concerning forgiveness in EFT-AS where forgiveness is not an explicit goal of therapy. In two studies, clients, on average, reported resolving issues, and separation from abusive/neglectful other(s), but no reductions in hostility (Rice & Paivio, 1999; Paivio & Greenberg, 1995). Since forgiveness has been defined as increased separation from and reduced hostility toward the offender (McCollough, 2001; Rotter, 2001), this type of resolution does not meet criteria for forgiveness. An analysis of post-treatment interviews (PTI) showed that some clients did report both reductions in hostility and forgiveness of abusive/neglectful others (Paivio, 2001). These findings led to further exploration of the data. This study used archival data from 23 clients and examined changes in perceptions of self and others, identified by clients in PTI's and client's responses to individual items on the Resolution Scale (RS; Singh, 1994) and the Structural Analysis of Social Behavior (SASB; Benjamin, 1988). Specific criteria on these measures were used to categorize clients as resolvers (R) or non-resolvers (NR), forgivers (F) or non-forgivers (NF) of others and forgiver of self (FS) or non-forgiver of self (NFS). Results indicated that there were (1) more resolvers than forgivers of others in both relationships, (2) more self-forgivers than other-forgivers in both relationships, (3) more other-forgivers in neglectful versus abusive relationships, and (4) no significant differences between forgivers and non-forgivers on any of the measures.

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## CHAPTER I

### Introduction

The primary objective of this study was to identify clients who reported forgiveness with abusive and/or neglectful other(s) in Emotion Focused Therapy for Adult Survivors of childhood abuse (EFT-AS) and determine whether this subgroup was distinct from clients who did not report forgiveness in terms of pre-treatment characteristics, therapy process and outcome.

The concept of forgiveness in psychological treatment is controversial, particularly when applied to childhood abuse. Advocates view forgiveness of the offender as a necessary aspect of trauma resolution (Freedman & Enright, 1996; DiBlasio, 1998). Some research supports this perspective. Freedman and Enright (1996), for example, found that incest survivors who, in the course of therapy, forgave their offender reported reduced symptoms of anxiety and depression, were less angry, and in general had a better outlook on life compared to those who did not forgive their offender. In contrast, forgiveness opponents believe that when the offence is one of personal/physical violation, such as physical or sexual abuse, forgiving the offender is irrelevant and not required for working through such issues (Bass & Davis, 1994).

The present study examined forgiveness as an outcome in EFT-AS. Treatment focuses on resolution of child abuse issues, which shares features with, but does not explicitly include forgiveness. This study developed out of programmatic research on the processes of resolving past interpersonal issues in therapy. First, Greenberg and Foerster (1996) empirically verified a model of resolving past interpersonal issues with a significant other using a Gestalt-derived empty chair dialogue technique. This technique has been reformulated as the imaginal confrontation (IC) technique in EFT-AS. IC is

conceptualized both as an exposure-based technique and as an interpersonal procedure. In Greenberg and Foerster's (1996) model, resolution consists of changed perceptions of the self and other, so that clients shifted from viewing themselves as weak and victimized to a stance of greater self-empowerment and viewed the significant other with greater understanding and/or forgave them.

A study by Paivio and Greenberg (1995) supported the efficacy of experiential therapy using the above model (Greenberg & Foerster, 1996) with a general clinical population. The results for a subset of abuse survivors included in the sample showed that even though these clients reported having resolved their issues with past abusive others, unlike clients dealing with non-abuse issues, they also reported experiencing no reductions in hostility towards the abusive other. This finding raised the issue of whether forgiveness is an appropriate goal in therapy with abuse survivors.

Rice and Paivio (1999) later examined changes in client perceptions of past relationships with abusive and neglectful others following EFT-AS. On average, clients did report having resolved their issues and having increased separation from both abusive and neglectful others, but they did not report a reduction in hostility in either of these relationships. Thus, on average, it appeared that resolution of child abuse issues was not synonymous with forgiveness, which would include reductions in hostility toward the offender.

More recently, Paivio (2001) examined individual post-therapy interviews (PTI), in which clients were asked about changes in their perceptions of self and others following EFT-AS. Results indicated that some clients did explicitly report reduced hostility and forgiveness of the offender. Thus, it seems that the mean scores and

statistical tests employed in the Rice and Paivio (1999) study may have masked individual client outcomes on this dimension.

The present study used archival data on EFT-AS to examine in more detail changes in the perceptions of self and other, identified by clients in transcribed PTIs as well as individual client responses on two questionnaires (Resolution Scale and Structural Analysis of Social Behavior). These data were used to identify clients who met criteria of forgiveness toward the abusive and, when applicable, neglectful other(s). This study also examined whether these clients were distinct from those who did not forgive in terms of pre-treatment variables, process of therapy and outcome. The results have the potential to contribute to theory, research and practice in the area of child abuse therapy. In particular, the results will influence the direction of future research on the role of forgiveness and are likely to impact on factors contributing to forgiveness in therapy. Also, the results of this study may help to clarify the confusion in the literature with regards to the definition of forgiveness.



## CHAPTER II

### Literature Review

The first topic addressed in the following review is the prevalence and long-term negative consequences of childhood abuse. Treatments used to help survivors deal with these consequences will then be presented, followed by a discussion of the EFT-AS model and research contributions to the development of the present study. Finally, the review will address the issue of forgiveness in the context of therapy with child abuse survivors.

#### *Child Abuse*

##### *Prevalence*

Research indicates that 25% to 30% of women (Bagley, 1991) and 15% of men in the general population report having been sexually abused as children (Elliot & Briere, 1995), and 10% to 20% of women and men report having been physically abused as children (Briere, 1997). A recent community survey of Ontario residents found that 31.2% of males and 21.1% of females reported childhood physical abuse, and that 4.3% of males and 21.8% of females reported childhood sexual abuse (MacMillan, Fleming, Trocme, Boyle, Wong, Racine, Beardslee, & Offord, 1997). Although less is known about childhood emotional abuse, it is important to examine this type of abuse because emotional/psychological maltreatment is thought to be the core issue underlying all forms of child abuse and neglect (Garbarino, Guttmann & Seeley, 1986; Hart, Binggeli & Brassard, 1998). Research indicates that as many as one third of the general adult population of the United States may have been emotionally abused as children (Binggeli, Hart & Brassard, 2001).

### *Consequences*

Research suggests that experiences of childhood abuse are associated with a constellation of long term disturbances (Bell & Belicky, 1998; Paivio, Hall, Holowaty, Jellis, & Tran, 2001). These disturbances can be grouped into three main categories: symptomatology, self-related, and interpersonal problems.

In terms of symptomatology, adult survivors of childhood abuse frequently display symptoms of depression and anxiety (Beitchman, Zucker, Hood, DaCosta, Akman & Cassavia, 1990), including Post-traumatic Stress Disorder (PTSD; American Psychiatric Association, 2000; Beitchman et al., 1990; Briere & Runtz, 1993; Herman, 1992a). PTSD symptoms include flashbacks, nightmares, or intrusive thoughts; avoidance of thoughts, feelings, or situations associated with the trauma; and persistent symptoms of heightened arousal, such as sleep disturbance and poor concentration (American Psychiatric Association, 2000; Briere & Runtz, 1993).

Self-related problems are characterized by feelings of guilt and shame about the abuse, negative self-esteem (Herman, 1992a), feelings of helplessness (Briere & Runtz, 1993), and under-regulation or over-control of emotions (Paivio & Laurent, 2001; van der Kolk & Fisler, 1994). In terms of self-identity, abused children often develop a sense of themselves as worthless, evil and damaged (Cole & Putnam, 1992; van der Kolk, 1996). In under-regulation, feelings of anger, sadness or shame are experienced as overwhelming (Paivio & Laurent, 2001) possibly leading to symptoms of depression, anxiety (Coutrois, 1996), or to behaviours such as self-harm. In over-control of emotions, intense negative feelings, such as anger or sadness, are suppressed or denied (Paivio & Laurent, 2001) leaving the person cut off from the adaptive orienting information (Fridja, 1986) that is associated with specific emotions.

Interpersonal problems include issues of distrust, betrayal, and powerlessness (Herman, 1992a); difficulties with intimacy, poor social adjustment, marital problems, and maladaptive interpersonal patterns (Briere, 1992; Cole & Putman, 1992; van der Kolk, 1996). For example, abused children learn that others cannot be trusted or relied upon, thus as adults they may avoid interpersonal closeness altogether or accept abusive/neglectful relationships as normal and appropriate (Briere, 1992; Briere & Runtz, 1993).

#### *Treatment for the Effects of Child Abuse*

Several approaches have been used to address the long-term effects of childhood abuse. There is some consensus among trauma experts that treatments for this client group should include the following features: (a) attention to the therapeutic relationship, (b) attention to affect regulation, (c) exposure to child abuse feelings and memories and (d) a specific stage format or sequence of therapy (Briere, 1992, 1996; Coutrois, 1997; Herman, 1992b; van der Kolk, McFarlane, & van der Hart, 1996).

Therapeutic Relationship. Regardless of theoretical orientation or type of intervention used in therapy, the therapeutic relationship is thought to play a critical role in resolving child abuse issues. This relationship is thought to function in two ways. First, the therapeutic relationship creates a safe and trusting environment. By establishing a safe environment, power and control are restored in the client allowing for the exploration of painful trauma memories, which helps the client access and eventually reprocess the early traumatic experience (Briere, 1992, 2002; Herman, 1992b). Second, the therapeutic relationship helps to counteract early negative relational experiences (Paivio & Laurent, 2001). According to Herman (1992b), a safe therapeutic relationship can help to re-establish "psychological faculties, such as basic capacities for trust,

autonomy, identity and intimacy", that were damaged as a result of the abuse.

Similarly, Briere (1992) states that a caring, accepting, supportive relationship with the therapist will positively affect the clients sense of self and other relationships. Shea and Zlotnik (2002) summarize the importance of the therapeutic relationship as follows:

"Perhaps the clearest truth at this point in time is the centrality of the therapeutic relationship with trauma survivors. It probably cannot be overemphasized that no intervention will be effective without a minimum amount of trust in the therapist" (p. 874).

Affect Regulation. A second commonality across treatment modalities is attention to affect regulation. For example, Wolfsdorf and Zlotnik (2001) propose that therapy needs to focus on trauma-related cognitive distortions, such as emotional reasoning and overgeneralization, as well as increasing the client's ability to tolerate stress. The main focus of affect regulation in Wolfsdorf and Zlotnik's (2001) approach is the development of anger-management skills. Clients are informed regarding the role and experience of anger in response to abuse, how to identify anger, and they are taught various coping skills as a replacement for reflexive angry reactions. Coutrois (1997) and Cloitre, Koene, Cohen and Han (2002) also highlight the importance of regulating affect. In the course of therapy, clients are taught how to identify and label feelings, manage their emotions (with a specific focus on anger and anxiety), accept their feelings, as well as more general skills training in affect and interpersonal regulation. Similarly, Briere (1992, 2002) and Herman (1992b) emphasize helping clients to manage intense affect before exploring these feelings in therapy.

Memory Work. The third component of therapy is work on child abuse memories. Exposure based techniques are commonly used across different therapy

modalities with adult survivors of childhood abuse. According to Herman (1992b), the "action of telling the story" in the safety of a protected relationship can actually produce a change in the traumatic memory (p. 183). Thus, re-experiencing strategies, such as telling and re-telling the story, are critical in treating adult survivors of abuse. Briere (1992, 2002), for example, incorporates exposure of abuse memories in his treatment of survivors of abuse. With controlled access to abuse memories, the client becomes less sensitized to emotional pain and also begins integrating painful emotions and previously avoided or repressed memories. Controlled access to abuse memories also allows for the development of affect regulation, as clients are encouraged to confront and process their emotions rather than avoiding them. In addition, cognitive restructuring techniques are used to change distorted perceptions of self, others, the future and world. Note that the aforementioned techniques are different from exposure techniques that are aimed at recovering memory. The purpose of these techniques is to gain access to emotions and feelings that are associated with memories that are in conscious awareness; not to recover unconscious or repressed memories of abusive situations.

Cornell and Olio (1991) state that addressing the abusive memories and associated affect during treatment with survivors of abuse provides an opportunity for the survivor to integrate experiences that were unendurable to them as children. Thus, exposing clients to the trauma memories is a critical aspect of therapy. During exposure techniques, therapy work needs to be performed with an "affective edge", where the therapist gently pushes the client to re-experience the childhood abuse. This allows the client a direct and felt awareness of abuse experiences and their consequences without reaching a level of intensity that will trigger use of defences, such as dissociation or denial.

Smucker, Dancu, Foa, and Niederee (2002) combined exposure therapy with imagery rescripting in treating adult survivors of sexual abuse. Imagery rescripting is a technique that involves changing the abuse imagery to mastery imagery, such as visualizing the adult self entering the abuse situation in order to assist the child self. By doing this, clients can modify the recurring victimization. This technique also identifies maladaptive cognitive schemas that can be explored and challenged.

Format of Therapy. There is some consensus among trauma/abuse experts regarding the format and sequence of therapy with abuse survivors. According to Herman's (1992b) model, for example, the "fundamental stages of recovery are establishing safety, reconstructing the trauma story and restoring connection between survivors and their community" (p. 3). The first stage involves the development of the therapeutic alliance, as well as establishing safety for the client. A main goal in this stage is to restore the sense of power and control back to the client. The second stage includes exposure techniques, such as telling and re-telling the story, so that memories and feelings associated with the trauma are vocalized, restructured and integrated into the clients' life story. In the last stage of therapy the client is encouraged to reconnect with other survivors and more generally, with individuals in their community.

Similarly, Briere's (1996) model stresses the formation of an atmosphere of safety and trust as the necessary first step. This phase includes assessment and development of self-resources and coping skills. The second phase entails using exposure techniques to evoke trauma-related memories, feelings and thoughts for re-processing. The therapist gently pushes the client towards experiencing trauma-related feelings and memories, while simultaneously respecting the client's pace so that internal resources are not overwhelmed. The last phase of treatment entails helping the client to

process the cognitions and emotions associated with the specific trauma memory and resolution.

Group therapies have been the main form of treatment for survivors of sexual abuse (e.g., Saxe & Johnson, 1993; Morgan & Cummings, 1999). The sequence of group therapy is similar to that of individual treatment. Generally, there are four phases. The first phase involves establishing a safe place for the members of the group. In this phase survivors work together and accomplish group exercises, such as examining definitions and views of sexual abuse and incest. Phase two involves breaking the silence, in which each woman tells her own individual experience of the abuse. Phase three entails working through issues of abuse by reprocessing negative affect related to the abuse at the experiential level. The final phase of group therapy involves integration and termination. Individual survivors discuss their progress as well as what they have left to do. There are several ceremonies and exercises in this final phase that focus on dealing with feelings about the end of group meetings and facilitate a positive and hopeful future outlook.

#### *Emotion Focused Therapy for Adult Survivors of Childhood Abuse (EFT-AS)*

EFT-AS is a trauma-focused therapy that is grounded in experiential therapy theory (Greenberg & Paivio, 1997; Greenberg, Rice & Elliot, 1993) and research (Paivio & Greenberg, 1995). It draws on emotion theory (e.g., Fridja, 1986), attachment theory (Bowlby, 1988) and literature on trauma and child abuse (Briere, 1992; Herman, 1992; van der Kolk et al., 1996).

One of the basic assumptions in current experiential theory is that subjective internal experience, rather than skills training or interpretations, is the primary source of new information. Thus, attending to and symbolizing current subjective experience

guides behaviour and promotes healthy functioning (Greenberg & Paivio, 1997; Greenberg, Rice & Elliot, 1993; Gendlin, 1996). Emotions are seen as playing a key role in the client's experience of self and others (Greenberg & Paivio, 1997). Emotion theory maintains that emotions are important sources of adaptive information that help to organize thoughts and actions (Frijda, 1986). Accordingly, emotions are seen as having three adaptive functions. First, emotions are seen as attentional because they influence the salience of information. For example, a client who feels angry and is able to differentiate that she feels angry "because I never know when he's going to be there for me" can access that her concern is for support and predictability. Second, emotions are seen as motivational because they influence goal setting. For example, feeling sad motivates individuals to reach out to someone caring and supportive. Third, emotions function to communicate and regulate interpersonal interactions. For example, anger allows one to set up interpersonal boundaries or to assert the self so that others do not intrude (Greenberg & Paivio, 1997).

EFT-AS also draws on attachment theory. Bowlby (1970, 1988) suggests that, on the basis of early experiences with attachment figures, children develop a view of the self as either worthy and capable of getting others' attention, or unworthy and unable to get needed attention. They also develop a view of others as trustworthy, accessible, caring and responsive or incapable, untrustworthy, uncaring and unresponsive. Early violations of trust, security and control are encoded in memory in the form of representations of self and other, and this forms the basis of a person's self concept and expectations of others. Abused children can develop insecure attachments characterized by uncertainty about important others that may manifest in avoidance, or anxious involvement in relationships (Wolfsdorf & Zlotnik, 2001). Abused children also can



develop a sense of themselves as weak or bad and may view the other as untrustworthy or dangerous. These internal representations of self and others serve as enduring prototypes that influence expectations and behaviours in subsequent intimate relationships (Paivio & Patterson, 1999). Thus, EFT-AS focuses on resolving issues with attachment figures.

EFT-AS also draws on the trauma and child abuse literature previously discussed. This literature indicates three main areas of disturbances for survivors of abuse including symptomatology, and impairments in affect regulation, sense of self and interpersonal functioning (Briere, 1992; Herman, 1992a; van der Kolk et al., 1996). Literature also suggests that therapy focuses on the therapeutic relationship, exposure, and construction of new meaning in three stages (Briere, 1992; Herman, 1992a). Thus, EFT-AS is a trauma-focused therapy that emphasizes the therapeutic relationship and memory work in order to access and reprocess feelings and memories of childhood abuse (Paivio et al., 2001). Paivio and Nieuwenhuis (2001) posit three interrelated mechanisms of change in EFT-AS: (a) accessing and modifying trauma memories that generate maladaptive experiences, such as fear and shame; (b) accessing constricted adaptive emotion, such as anger and sadness, in order to access adaptive information associated with these emotions; and (c) providing a corrective interpersonal experience with the therapist.

Consistent with other child abuse therapies, there are three phases in EFT-AS. The first phase focuses on cultivating a secure attachment bond between therapist and client as well collaborating with the client on treatment goals. The purpose of the second phase is to access and explore feelings, memories, and meanings associated with childhood abuse and/or neglect. The primary vehicle for accessing and exploring

childhood abuse memories is an imaginal confrontation (IC) procedure. This is a Gestalt-derived technique, where clients are encouraged to express previously constricted feelings and needs to an imagined abusive or neglectful other (Paivio & Nieuwenhuis, 2001). The purpose of the third phase is termination and facilitating integration of gains made throughout therapy.

### *Distinguishing Features of EFT-AS*

EFT-AS is distinct from other child abuse therapies by emphasizing that information gained through accessing previously constricted adaptive emotions, such as anger and sadness, will lead to new meaning and will promote adaptive functioning. Other models emphasize the acquisition of new information through skills training, challenging beliefs, or interpretations.

In terms of structure, EFT-AS is unique regarding the flexibility of therapy. Traditional cognitive and behavioural therapies are highly directive and structured (Wolfsdorf & Zlotnik, 2001), whereas traditional psychodynamic therapies have considerably less structure (Herman, 1992b). EFT-AS is a semi-structured approach, which specifies phases and tasks for therapy but allows the client control over the process of therapy.

In terms of technique, the primary intervention used by the therapist is empathic responding to the client's subjective experience. Empathic responding is thought to contribute to regulating clients' emotional intensity by reducing arousal and increasing intensity where necessary, as well as by increasing clients' awareness and understanding of their experience (Paivio & Laurent, 2001). Gestalt dialogues and experiential focusing (Gendlin, 1996) techniques are used in phase two when working through self-related disturbances, such as self-blame and experiential avoidance (Paivio & Nieuwenhuis,

2001). The primary exposure technique in EFT-AS is imaginal confrontation (IC) of abusive and/or neglectful others, described earlier.

EFT-AS is based on an empirically verified model of resolving interpersonal issues with a significant other person from the past (Greenberg & Foerster, 1996). This model specifies steps in the process of resolution (e.g., expression of feelings and entitlement to unmet needs), which culminate in changed perceptions of self and other.

Accordingly, clients are expected to shift from viewing themselves as weak and victimized to a stance of greater self-empowerment and to view the significant other with greater forgiveness and/or understanding.

Paivio (1996) refined this general process model of resolution to meet the needs of child abuse survivors. The new model includes work with self-related disturbance, such as avoidance issues; emphasizes a longer duration of therapy to accommodate this task; and uses the imaginal confrontation procedure as an exposure technique.

Resolution in EFT-AS is defined as reduced negative feelings, increased self-empowerment and self-esteem, and a more differentiated perspective of abusive/neglectful others (Paivio & Nieuwenhuis, 2001). Forgiveness is not an explicit goal of therapy.

### *Forgiveness as Outcome or Goal of Therapy*

#### *Definitions of Forgiveness*

Forgiveness theory and research has recently been given explicit attention from various psychological perspectives (McCollough, 2001; Rotter, 2001). In terms of its role in the helping professions, forgiveness is generally seen as a means to further the work on the part of the client, rather than as a therapeutic end. The concept of forgiveness has been defined in several ways. Hargrave and Sells (1997) define forgiveness as

releasing resentment toward an offender, restoring relationships and healing inner emotional wounds. Enright and Fitzgibbons (2000) suggest that individuals forgive when they rationally determine that they have been unfairly treated but choose to abandon the resentment and related responses toward the offender.

Thus, there seem to be two core components across the various definitions of forgiveness. First, there is the notion of letting go, which can be described as healing inner emotional wounds, working through one's emotions, or restoring relationships (Enright & Fitzgibbons, 2000; Hargrave & Sells, 1997). Letting go also refers to a greater sense of empowerment on the part of the victim or forgiver and requires the ability to detach and separate from the traumatic event and the offender. Second, all definitions of forgiveness refer to reduced anger toward the offender. This has been variously described as abandoning resentment, or relinquishing the desire to retaliate (Enright & Fitzgibbons, 2000; Hargrave & Sells, 1997). Reduced anger also refers to responding to the offender with empathic understanding through increased understanding and acceptance of the other (Enright & Fitzgibbons, 2000; Hargrave & Sells, 1997). Harboring this anger may be clinically compromising the individual (Baskin & Enright, 2004). When a person decides to forgive, they decide to move from a position of resentment to not letting the resentment dominate; thus, even though one who forgives may feel resentful, they choose to not let this be a controlling factor (Baskin & Enright, 2004). When abandoning resentment, a person is likely to show fewer (a) negative emotions ranging on a continuum from annoyance (on the "lighter" side of negative emotions) to hatred (on the "heavier" side of negative emotions); (b) negative thoughts ranging from judging the person as inadequate (on one end) to evil incarnate (on the other); and (c) negative behaviours ranging from ignoring or being

"cool" to serious revenge-seeking (Enright & Fitzgibbons, 2000). There is a third commonality across definitions of forgiveness that pertains to what forgiveness does not include. Forgiveness is not condoning, pardoning, excusing, denying, forgetting, or reconciling with the offender (Rotter, 2001).

The definition of forgiveness used in the present study therefore includes all of the above core components. Accordingly, a forgiver was defined as someone who was able to (a) separate from the abusive/neglectful other(s) by holding the perpetrator responsible for the harm (i.e., letting go), and (b) experience reduced anger/hostility toward the abusive/neglectful other(s).

#### *The Controversy Concerning Forgiveness as a Therapeutic Intervention*

Over the past ten years, a number of therapists have considered the role of forgiveness in resolving interpersonal trauma (Rotter, 2001; Davenport, 1991). Experts distinguish between two types of forgiveness. Forgiveness can involve forgiving the offender for their wrong doing, or forgiving the self for the traumatic event and holding the perpetrator accountable for the harm. Some therapists believe that in order to resolve past interpersonal issues, forgiveness of the offender as well as of the self are necessary (Freedman, 2000; Freedman & Enright, 1996; DiBlasio, 1998). Others, however, feel that the victim only needs to release self blame, and thus forgive the self for the harm that was done (Forward, 1988; Bass & Davis, 1988). Both of these positions will be examined below, with a focus on resolving trauma from child abuse.

There is consensus among researchers and clinicians who advocate forgiveness that the traumatic event, as well as the hurt and angry feelings that resulted from that event must be acknowledged prior to forgiving. Additionally, advocates perceive forgiveness as a choice; choosing not to forgive is seen as refusal to let go (DiBlasio,

1998). Once the victim has worked through the affective difficulties that resulted from the traumatic event, it is thought that they then can rationally choose to forgive. Advocates of this position believe that choosing to forgive is necessary for complete recovery from the traumatic event. Davenport (1991), for example, believes that forgiveness in response to a traumatic event and towards the offender is a necessary aspect of growth. However, acknowledging and expressing anger also are crucial, because anger signals to the self that an offence has taken place and that something needs to be done in order to correct it (Davenport, 1991). Davenport (1991) suggests that only when the anger and hatred toward the offender have been explored, understood, and validated as legitimate and understandable that the client can begin the process of forgiving or letting go of the anger. Client empathic resources are not available until their own feelings and needs have been fully acknowledged and processed. This seems to imply that forgiveness of the self must come first through accepting and exploring anger toward the offender, later being followed by forgiveness of the other.

Freedman (2000) also advocates forgiveness as an important therapeutic tool in resolving child abuse issues, and believes that one of the most critical components in the process of forgiveness involves expanding or shifting the victim's view of the offender. The goal is for the client to begin viewing the offender, not just as the person who committed the injury, but as someone with a personal and developmental history of their own (Freedman & Enright, 1996). In circumstances where the traumatic event is extremely painful, such as rape, incest, murder or abuse, it may be difficult for the client to expand their view of the offender beyond rapist, murderer or abuser. However, Freedman (2000) cautions that a more differentiated perspective of the offender does

not mean excusing or condoning the wrongdoing. In such difficult cases, the therapist can support the client as they voice negative feelings and thoughts about the offender, and at the same time help the client expand their view of the offender.

Although some therapists support forgiveness as a strategy for resolving interpersonal trauma, others dispute its use for cases of extreme offences, such as childhood sexual abuse. Forward (1988) for example, equates forgiving a perpetrator with overlooking the offence and states that a victim who forgives his/her offender is being victimized over again. Olio (1992) also voices concerns about using a forgiveness intervention with incest survivors. She fears that forgiveness might foster denial of the abuse, validate the action of the perpetrator, or be forced upon the survivor.

Similarly, Bass and Davis (1988, 1994) are strong opponents of forgiveness and believe that victims need to make peace with, and forgive only themselves. Because guilt and self blame are common among survivors of abuse (Herman, 1992a), Bass and Davis (1988) believe that resolution of childhood issues occurs when survivors no longer feel guilty or blame themselves for the abuse. Furthermore, there is a need for the victim to come to "some resolution, that is, to make peace with the past and move on, but whether or not this resolution encompasses forgiveness is a personal matter, and in fact if you never reach an attitude of forgiveness, it's perfectly alright" (Bass & Davis, 1988, p. 160).

Murphy (2002) also suggests that, in some cases, the client could exhibit more self-respect if he/she were to maintain a posture of resentment toward the offender; the offence may be so heinous that it is simply unforgivable. Murphy (2002) concludes that forgiveness is individual and situational. However, he maintains that forgiveness of others and the self are always morally appropriate and desirable goals of therapy for

those clients who are willing and able to achieve them. Victims must first acknowledge and process the offence before being able to genuinely forgive. In cases of sexual abuse, battery and rape, Murphy (2002) states that victims need to look realistically at their perpetrators as well as their own responsibility. In so doing, victims need to refrain from either taking too much blame on themselves or forgiving their perpetrators too easily in an effort to obtain psychological relief.

### *Research Background*

EFT-AS (Paivio & Nieuwenhuis, 2001) is rooted in an empirically based model of client processes involved in resolving past interpersonal issues with a significant other using an empty chair technique similar to the IC technique described earlier (Greenberg & Foerster, 1996). Resolution in Greenberg and Foerster's (1996) model consisted of changed perceptions of self and other, so that clients shifted from viewing themselves as weak and victimized to a stance of greater self-empowerment and viewed the significant other with greater forgiveness and/or understanding.

Based on Greenberg and Foerster's (1996) model of resolution, Paivio and Greenberg (1995) tested the efficacy of experiential therapy with a general clinical sample of clients who were dealing with unresolved interpersonal issues from the past. Individual therapy using the empty chair technique was compared to a psycho-educational group. Clients in the treatment group (n=17) reported significantly greater improvements on multiple dimensions of disturbances compared to those in the psycho-educational group. Of particular importance to the present study was the finding that a subset of clients (n=4) dealing with abuse issues differed somewhat from other clients in terms of outcome. Similar to clients dealing with non-abuse issues, this subset reported the resolution of past interpersonal trauma and increased separation from the



perpetrator. However, unlike non-abuse clients who reported increased affiliation toward the other, those dealing with abuse issues reported increased hostility toward the abusive other following therapy. This suggested that clients who were dealing with abuse issues formed a distinct subgroup for whom resolution was characterized by increased separation/understanding of the other but not forgiveness. It also raised issues of the applicability of forgiveness to this client group, since forgiveness constitutes both increased separation and affiliation.

Based on the analyses of the process of therapy with the abuse survivors in the Paivio and Greenberg (1995) study, Paivio (1996) modified the general treatment and resolution model to meet the specific needs of this client group. Accordingly, EFT-AS places greater emphasis on self-related disturbances that are common to child abuse, such as chronic feelings of guilt, and shame (Herman, 1992a) and the under-regulation or over-control of emotions that interfere with resolution of interpersonal issues with abusive/neglectful others (Paivio & Laurent, 2001). The EFT-AS model also considers both the therapeutic relationship and emotional processing of trauma memories as distinct and overlapping change processes, which contribute to the resolution of child abuse issues (Paivio & Nieuwenhuis, 2001; Paivio and Patterson, 1999; Paivio et al., 2001). Resolution in EFT-AS is defined as reduced negative feelings, increased self-empowerment and self-esteem, and a more differentiated perspective of abusive/neglectful others.

Paivio and Nieuwenhuis (2001) tested the efficacy of EFT-AS by comparing clients in 20 sessions of therapy (n=22) to a wait list control group (n=24). Results indicated that clients who participated in EFT-AS reported significantly greater improvements in multiple domains including, general and trauma specific

symptomatology, current abuse related target complaints, interpersonal problems, self-esteem, and resolution of issues with past abusive and neglectful others compared to clients in the wait condition. Clients who completed therapy following the wait list reported gains comparable to those in the immediate therapy group.

Rice and Paivio (1999) tested hypotheses about changes in perceptions of past relationships with abusive and neglectful others following EFT-AS. These hypotheses were generated by the earlier Paivio and Greenberg (1995) study, which found that clients dealing with abuse issues reported having resolved abuse issues and increased separation from the perpetrator, but unlike non-abuse clients, they also reported increased hostility toward the perpetrator following therapy. Rice and Paivio (1999) therefore hypothesized differential changes in client perceptions of the abusive other compared to neglectful others following EFT-AS. It was expected that perceptions of both relationships would improve in terms of resolution and separation but only neglectful other relationships would be perceived as less hostile. Perceptions of abusive relationships would not be characterized by either reduced hostility or forgiveness.

Contrary to expectations, results indicated no differences between neglectful and abusive relationships. Following the completion of EFT-AS, both abusive and neglectful relationships were significantly more resolved and more separate, but there was no significant change in hostility. In other words clients benefited from therapy but did not report forgiving either the abusive or neglectful other. These findings were inconsistent with results from the Paivio and Greenberg (1995) study in which working on abusive and non-abusive relationships were seemingly distinct in terms of reduced hostility toward the perpetrator.

Paivio (2001) then analyzed the content of post-treatment interviews (PTI) for the sample of clients used in the Rice and Paivio (1999) study. The PTI is a semi-structured interview, with open-ended questions, which assesses changes in perceptions of self and others that the client experiences over the course of therapy. Specifically, questions concern whether and what changes occurred in relation to (a) the unresolved issues for which the client sought therapy, (b) the client's perception of the self, and (c) the client's perception of the significant other(s) who were the focus in therapy.

Content analyses of 29 PTIs (Paivio, 2001) resulted in six themes representing changes in perceptions of the self and four themes representing changes in perceptions of the abusive/neglectful other(s). These are further explained in the method section (p. 31). Analyses indicated that contrary to results reported in the Rice and Paivio (1999) study, some clients reported increased affiliation toward, and even forgiveness of the abusive and/or neglectful other. These results suggest that the average scores and statistical tests that were used in the Rice and Paivio (1999) study may have masked changes in individual clients, or that the measures used did not adequately capture client changes in perceptions.

### *The Present Study*

Thus the present study follows directly from the findings of the Rice and Paivio (1999) and Paivio (2001) studies, by examining resolution and changes in perception of abusive and neglectful others in finer detail. The present study first will establish inter-rater reliability of the PTI content themes identified by Paivio (2001). These themes were then used to code PTIs concerning changed perceptions of self, abusive and neglectful others. The study also examined individual items, rather than total scores, on the Resolution Scale (Singh, 1994) and Structural Analysis of Social Behavior (Benjamin,

1988), which assesses perceptions of the abusive and neglectful other along dimensions of separation and affiliation. Data from these three sources were used to identify and compare individuals who forgave abusive and/or neglectful others with those who did not forgive. Specifically, clients were classified as resolvers or non-resolvers as well as forgivers or non-forgivers of other(s), based on explicit criteria outlined in the method section. Clients identified as both resolvers and forgivers were compared to clients identified as resolvers who did not forgive. Dependent variables include pre-treatment characteristics, therapy processes and outcome.

This study is exploratory, therefore no specific hypotheses were tested. However, it is expected that when examining individual items and responses on the PTIs, there will be evidence of reduced hostility and forgiveness of abusive and/or neglectful others on the part of some clients.

## CHAPTER III

### Method

The present study used archival data that was collected at the University of Saskatchewan between 1994 and 1997 (Paivio & Nieuwenhuis, 2001). Complete process and outcome data have been previously reported for 37 clients who completed therapy (Paivio et al., 2001). The data for the present study includes client self-report questionnaires administered pre and post-treatment as well as transcribed post therapy interviews (PTIs) for a subset of 23 clients who completed EFT-AS.

### *Participants*

#### *Recruitment*

According to Paivio et al. (2001), participants were recruited through referrals and newspaper advertisements, which offered free therapy in exchange for completion of research questionnaires. One hundred and ten individuals responded to recruitment strategies and were screened through telephone and personal interviews. Forty-six of these individuals met screening and selection criteria (listed below) and were accepted into the study. After attrition the final sample consisted of 37 individuals who completed treatment and provided post therapy data. Of the 37 therapy completers, 23 clients who completed PTIs comprised the sample for the present study. The remaining 14 therapy completers either chose not to participate or could not be contacted for the PTI.

#### *Exclusion and Inclusion Criteria*

Individuals were excluded from the original process-outcome study (Paivio et al., 2001) if they were under 18 years of age, currently undergoing another therapy, taking psychoactive medication, currently had a drug or alcohol problem, were in a crisis that required immediate attention or had no conscious recollections of childhood abuse.

They also were excluded if the primary presenting problem involved extreme emotion dysregulation with risk of aggressive or self-harm behaviour, or if they were currently in a violent relationship. Clients were included on the basis of commonly accepted criteria for short-term, insight-oriented therapy (e.g., Beutler & Clarkin, 1990), including motivation, capacity to form a therapeutic relationship, and capacity to focus on a circumscribed issue, in this case childhood abuse.

*Demographics, perpetrator and abuse characteristics*

Table 1 shows the clinical and demographic characteristics of the 23 participants in the present study. As indicated in Table 1, most clients were Caucasian, female, on average 40 years old, married, employed, had a family income between \$20,000 to \$39,000, and had completed high school.

Participants were asked to identify up to two individuals as the focus of therapy. All clients reported a perpetrator who had abused them as a child ( $n = 23$ ) and this person was coded as the primary/abusive other by the researcher. Also, most clients ( $n = 20$ , 87%) reported a second other and in most cases this was a mother who did not protect the client as a child. This person was coded as the secondary/neglectful other.

Participants reported multiple types of abuse, however, they were asked to identify a primary focus for therapy. The most frequent type of abuse selected for therapy focus was sexual abuse ( $n = 11$ , 48%), and these experiences ranged from a single episode of anal penetration to paternal incest over many years. Eight participants (35%) reported emotional abuse as the main focus of therapy, ranging from chronic verbal derogation by a caregiver to repeated threats of harm or witnessing extreme family violence. Four participants (17%) identified physical abuse, ranging from strict physical discipline to severe beatings that resulted in injury.

Table 1: *Client Characteristics*

Variables	<u>N</u>	<u>%</u>
Sex		
Females	18	78.3
Males	5	21.7
Race/Ethnicity		
Caucasian	22	96
Aboriginal	1	4
Marital Status		
Single	5	21.7
Married	13	56.5
Separated/Divorced	4	17.4
Widowed	1	4.3
Family Income		
<\$20,000	6	26.1
\$20,000 - \$39,000	11	47.8
\$40,000 - \$59,000	3	13
>\$60,000	3	13
Employment Status		
Full-time	10	43.5
Part-time	4	17.4
Unemployed	9	39.1
Education (Years)		
< Grade 12	2	8.7
High school graduate	9	39.1
Post-secondary	8	34.7
Post-graduate	4	17.4
PTSD Diagnosis		
No	9	39.1
Yes	14	60.9
Abuse Type		
Emotional	8	34.8
Physical	4	17.4
Sexual	11	47.8
Axis II Diagnosis		
No	16	69.6
Yes	7	30.4
	<u>M</u>	<u>SD</u>
Age	39.13	9.54
Number of Children	1.96	1.58

Note: N=23

Chi-squared analyses were conducted on categorical variables in order to determine if the subset of 23 clients differed from the 14 therapy completers who were not included in the present study. Analyses revealed no significant differences between

these two groups on the following categorical variables: sex,  $\chi^2 (1, N = 37) = 133.50, p = ns$ ; marital status,  $\chi^2 (3, N = 37) = 103.00, p = ns$ ; employment status,  $\chi^2 (2, N = 37) = 116.50, p = ns$ ; income level,  $\chi^2 (3, N = 37) = 124.00, p = ns$ ; years of education,  $\chi^2 (2, N = 37) = 130.50, p = ns$ ; presence of axis II diagnosis,  $\chi^2 (1, N = 37) = 119.00, p = ns$ ; and abuse type,  $\chi^2 (2, N = 37) = 114.00, p = ns$ . Independent t-tests were conducted in order to examine if there were any differences in age and number of children between clients included in this study and those who were excluded. Analyses revealed no significant differences on age,  $t(35) = .618, p = ns$ . However, number of children did significantly differ between the two groups,  $t(35) = 2.985, p = .005$ . Clients included in this study reported an average of 1.96 children ( $SD = 1.58$ ); clients who were excluded reported an average of .50 children ( $SD = .80$ ). A multivariate analysis of variance (MANOVA) on all other relevant pre-test characteristics (i.e., pre-test scores on the CTQ, PSSI, RS, SASB, IIP, IES, and SCL) was used to compare the two groups. This analysis revealed no significant overall differences between the two groups,  $F(5, 19) = 1.68, p = ns$ . Based on these analyses, the subset of clients included in this study are not different from clients who were excluded. Thus, they are representative of therapy completers in terms of demographic and pre-test clinical characteristics.

### *Therapy*

Therapy consisted, on average, of 20 ( $SD = 2.15$ ) weekly 1-hour sessions. According to Paivio et al. (2001) the therapy protocol that was used applied the general principles of EFT (Greenberg & Paivio, 1997) specifically to treatment with abuse survivors. There were three therapeutic tasks. First, a safe and collaborative therapeutic relationship was cultivated and maintained as a necessary context for



therapy. This task was accomplished mainly through empathic responding by the therapist to the client's presently felt subjective experience (Paivio & Nieuwenhuis, 2001). The second task was to reduce emotional and experiential avoidance. This was accomplished through the use of Gestalt-derived interventions and imagery techniques. Overcoming avoidance allows clients to gain access to and explore child abuse experiences. The third task was to resolve issues with the abusive and neglectful others who were identified as the focus of therapy. This was accomplished by accessing and changing maladaptive emotional experiences, such as shame and fear, and accessing more adaptive emotions, such as anger and sadness and their associated adaptive information (Frijda, 1986). The primary intervention used to reprocess child abuse material was a Gestalt-derived imaginal confrontation (IC) technique that encouraged clients to express previously constricted feelings and needs to imagined abusive or neglectful others (Paivio & Nieuwenhuis, 2001).

All therapies were conducted at a clinic in the Psychology department of the University of Saskatchewan. All therapy sessions were tape recorded and monitored by Dr. Sandra Paivio.

### *Therapists*

Clients in this study were seen by five doctoral and masters level students and Dr. Paivio (5 female; 1 male). The mean age of the therapists was 37 years ( $SD = 5.8$ ) and the mean clinical experience for student therapists was 4 years (range between 2 to 6 years). Student therapists received 54 hours of training, which included reviewing the treatment manual, viewing videotapes of therapy sessions with expert therapists, and supervised practice. Therapists saw two to six clients after attrition and clients were assigned to therapists based on gender preferences and a compatible schedule.

## *Measures*

### *Clinical Characteristics*

*Childhood Trauma Questionnaire* (CTQ; Bernstein & Fink, 1998; see Appendix A).

This is a 28-item questionnaire that retrospectively measures the frequency and severity of different types of abuse and neglect. Clients rate the frequency of various events in their childhood on a 6-point scale (0 = never true; 5 = very often true). Bernstein and Fink (1998) reported internal consistencies ranging from .79 to .95; test-retest reliability before and after three months of substance abuse treatment ranging from .80 to .88; and good convergent validity with other measures of disturbances.

*PTSD Symptom Severity Interview* (PSSI; Foa, Riggs, Dancy & Rothbaum, 1993; see Appendix B). This is a semi-structured interview with 17 items that correspond to one of the DSM-IV criteria for PTSD. The interviewer determines the severity of symptoms over the past two weeks using a 4-point scale (0 = not at all; 3 = very much). The PSSI yields a total severity score and cluster scores for avoidance, reexperiencing, and arousal. Foa et al. (1993) reported alpha coefficients ranging from .69 to .85; test-retest reliabilities over one month ranging from .66 to .77; and significant associations with other measures of psychological distress.

*PTSD Diagnosis.* PTSD diagnosis was assessed through the PSSI.

### *Outcome Measures*

*Impact of Event Scale* (IES; M.D. Horowitz, 1986; see Appendix C). This is a 15-item questionnaire that measures trauma-related avoidance and intrusion. Clients rate the frequency of each symptom within the past seven days on a 4-point scale (0 = not at all; 3 = often experienced). M.D. Horowitz (1986) reported split half reliabilities for

the total scale of .86; test-retest reliability over one week of .87; and alphas for the subscales between .78 and .80.

*Symptom Checklist-90-Revised* (SCL; Derogatis, 1983; see Appendix D). This is a 90-item questionnaire that measures global symptom distress. Clients rate the degree of distress experienced in the past seven days on a 5-point scale (0 = not at all; 4 = extremely). Derogatis (1983) reported internal consistencies ranging from .77 to .90; and test retest reliabilities over one week between .80 and .90.

*Inventory of Interpersonal Problems* (IIP; L.M. Horowitz, Rosenberg, Baer, Ureno & Villesenor, 1988; see Appendix E). This is a 127-item questionnaire, which produces an average score for distress stemming from interpersonal sources. Clients rate the degree of distress experienced over the past seven days on a 5-point scale (0 = not at all; 4 = extremely). L.M. Horowitz et al. (1988) reported internal consistencies between .89 and .94.

#### *Process Measures*

*The Working Alliance Inventory* (WAI; Horvath & Greenberg, 1989; see Appendix F). This is a 36-item post-session questionnaire in which clients rate on a 7-point Likert scale (1 = never; 7 = always) how accurately each item described their current therapy experience. The WAI yields a total score and three subscales measuring therapeutic bond, agreement on tasks, and agreement on goals. Horvath and Greenberg (1989) reported estimated alpha coefficients ranging from .87 to .93.

*The Levels of Engagement Scale* (LES; Paivio et al., 2001; see Appendix G). This is an observer-rated measure of the quality of client engagement in the IC intervention. It is an ordinal measure that consists of five mutually exclusive categories (refusal, reluctant, willing, and full engagement). The LES measures three process dimensions

during the IC intervention, including, (a) psychological contact with the imagined other, (b) involvement in the IC process, and (c) emotional expressiveness. Psychological contact with the imagined other refers to client directing statements toward the imagined other, use of first and second person language rather than third person pronouns, and looking at the imagined other; involvement in the IC reflects the clients' willingness or resistance to participate in the intervention, expressiveness or withdrawal, and spontaneous initiation and elaboration or compliance with therapist request of the dialogue with the imagined other; emotional expressiveness refers to admitting feelings and nonverbal indications of arousal. Paivio et al. (2001) reported inter-rater reliability to be  $K = .81$ ; and convergent validity between the WAI and a post-session questionnaire ( $r = .44$  and  $.54$ , respectively) administered after the same session in which the LES rating was based.

*Measures used to classify clients as Forgivers*

*Structural Analysis of Social Behaviour, Interpersonal (SASB; Benjamin, 1988; see Appendix H).* This is a 32-item self-report questionnaire based on the IPC model of behaviours. Items are to be rated on an 11-point scale (0 = never; 100 = always true), and clients are asked to rate their perception of the relationship between themselves and the abusive and secondary other (when applicable), who they focused on in therapy. Two dimensions (Affiliation and Separation) are assessed with scores ranging from +1600 (affiliative, spontaneous) to -1600 (hostile, overcontrolled). Benjamin (1988) reported test retest reliabilities between .67 and .90.

*Resolution Scale (RS; Singh, 1994; see Appendix I).* This is an 11-item questionnaire that assesses the degree of resolution of past issues with a specific other person. Clients rate the degree to which they feel troubled by negative feelings, such as

anger, sadness, guilt, shame; and their unmet needs, on a 5-point scale (1 = not at all; 5 = very much). Singh (1994) reported test retest reliabilities between .73 and .81. Clients completed one for the abusive other and when applicable one for a secondary other, who was usually a neglectful mother.

*Post Therapy Interviews* (PTI; see Appendix J). Clients also participated in post therapy interviews ( $N = 23$ ). The purpose of the PTI is to assess changes in perceptions of self and others that the client experienced over the course of therapy. The PTI is a semi-structured interview, with open-ended questions. Specifically, questions concerned whether and what changes occurred in relation to (a) the unresolved issues for which the client sought therapy, (b) the client's perception of the self, and (c) the client's perception of the significant other(s) who were the focus in therapy.

Content analyses of PTIs (Paivio, 2001) resulted in six themes representing changes in perceptions the self and three themes representing changes in perceptions of the abusive/neglectful other(s). Self-related content themes included increased (a) self empowerment, self confidence, sense of control, (b) separation and detachment from abuser and abuse, (c) self acceptance, self esteem, (d) self understanding, awareness; as well as reduced (e) avoidance of feelings and memories associated with abuse, and (f) self criticism and self blame for the abuse. With respect to changes in perceptions of the abusive/neglectful other(s), the following content themes were identified: (a) increased acceptance and less anger toward the other, (b) increased understanding or more differentiated perspective of the other, (c) holding the other (appropriately) responsible for harm and less minimization of harm, and (d) increased anger toward the other.

### *Procedure*

The procedure for the present study had two phases. The first phase dealt with the content analyses of the PTIs using content themes described above (Paivio, 2001) and assessed the reliability of these coding categories. In the second phase, clients were categorized as resolvers or non-resolvers as well as forgivers or non-forgivers of the self and of others.

#### *Reliability of PTI Coding Categories*

Selection of statements for coding. The procedures outlined by Cummings, Hallberg and Slemon (1994) were used to select statements from transcribed PTIs for coding. First, client responses to a question were selected if they represented changes in the client's view of (a) self, (b) abusive other, and (c) neglectful other (where applicable). Second, these responses were separated into phrases, or meaning units, that contained a single thought or theme. Each of these meaning units was categorized using the PTI coding scheme (Paivio, 2001) shown in Table 2.

Table 2: *Coding Categories for Changes in Perceptions of Self and Other*

<u>Changes in Perception of the Self</u>	<u>Changes in Perception of the Others</u>
Increased self acceptance; self esteem; reduced self criticism, self blame in general	Increased affiliation/acceptance; less anger towards other
Reduced avoidance of feelings and memories associated with abuse; increase access to feelings in general; allowing memories	Increased understanding; more differentiated perspective of other and traumatic events
Increase self empowerment, assertion, self confidence, sense of control; better coping	Holding other accountable; reduced minimization of harm
Increased separation or detachment from abusive/neglectful other, explicit reference to other and traumatic events	Increased anger/still angry; not forgiving
Increased self understanding and self awareness, in general	No substantial change
Reduced self blame for abuse, in particular	

Content themes that referred to a specific target individual (self, abusive, or neglectful other) were mutually exclusive, and thus only received one code. However, there was overlap between changes in perception of self and other, thus some meaning units received codes representing one change in both perceptions of self and other. For example, the meaning unit "I can now look back and say I was a very innocent little girl who was abused by my father" received one code for holding the abusive other accountable (change in perception of the abusive other) and one code for reducing self blame for the abuse (change in perception of self).

Training of Raters. The research supervisor (Dr. Sandra Paivio) trained the primary investigator in use of the PTI coding scheme. This training took approximately 10 hours. Three complete PTIs (these were not included in calculations of inter-rater reliability) were independently rated by both the research supervisor and primary investigator. Discrepancies were discussed and consensus about category codes reached. After each PTI was rated, new examples of each category were added to a list of phrases defining or exemplifying each category code. This became part of the coding manual used to train the second rater.

The primary investigator then trained a second rater who is a Doctoral student in Psychology and this took approximately 15 hours. Training used the same three PTIs and procedure described above. The two raters independently coded the three practice interviews using the content themes. Again, examples of each category were added to a list of phrases defining or exemplifying each category code, thus refining and adding to the coding manual.

The coding manual specifies (a) coding procedures, (b) rating rules and guidelines, (c) distinctions between similar category codes, and (d) examples of each

coding scheme (see Appendix K). The development of the manual continued throughout the training process with the second rater.

Reliability of Ratings. Following the training procedure, the two raters independently coded each selected meaning unit in the remaining 20 transcribed PTIs. Disagreements were discussed and resolved after rating each transcript in order to control for rater drift. Cohen's (1988) kappa ( $K$ ), which corrects for agreement by chance, was used to assess inter-rater reliability of the coding categories assigned to the 20 PTIs. The proportion of agreement was .86 with a  $K = .851$ , which indicates very good agreements beyond chance (Fleiss, 1981).

#### *Categorization of Clients as Resolvers and Forgivers*

In order to examine the relationship between resolution and forgiveness, clients were first categorized as resolvers (R) or non-resolvers (NR) of child abuse issues. This classification was made according to client's total post-test score on the RS scale. If clients obtained a total post-test score less than 33 points they were categorized as resolvers. The score of 33 was chosen because it represents a score of 3 or less (on a 5-point Likert scale), on each item on the RS. Alternatively, if a client obtained a total post-test score greater than 33, they were categorized as non-resolvers.

Clients then were classified as forgivers or non-forgivers of the other (F, NF) and self (FS, NFS). Content themes on PTIs, as well as items on the RS and SASB were used as criteria for this classification. The following procedure was used to arrive at these classifications.

First, PTI content themes were grouped according to the dimensions of forgiveness, that is, Affiliation (reduced anger) or Separation (letting go). For example, the theme "increased self empowerment, assertion, confidence, sense of control and



better coping" was classified as Separation, while "reduced self blame for abuse" and "increased acceptance" was classified as Affiliation. Individual items on the RS were similarly grouped. For example, the RS item "I feel unable to let go of my unresolved feelings in relation to this person" was categorized as Separation, while "this person's negative view or treatment of me has made me feel badly about myself" was categorized as Affiliation.

PTI content themes and individual items on the RS also were classified as referring to either, (a) forgiveness of other (F), or (b) forgiveness of self (FS). Table 3 presents categorization of PTI content themes, and RS items according to dimensions of Separation and Affiliation, as well as categorization of items as F or FS. Examples of PTI content themes that refer to F include, "increased affiliation or acceptance; less anger towards other", "increased separation, detachment from other and traumatic event", and "holding the other accountable; reduced minimization of harm". Examples of PTI content themes that refer to FS include, "reduced self blame for abuse", "increased self acceptance and self esteem; reduced self criticism", and "increased self understanding and self awareness".

Examples of RS items that refer to F include, "I see this person negatively", "I have a real appreciation of this person's own personal difficulties" and "I have come to terms with not getting what I want or need from this person". Examples of RS items that refer to FS include, "I feel worthwhile in relation to this person", "this persons negative view or treatment of me has made me feel badly about myself", and "I feel comfortable about my feelings in relation to this person". The primary investigator carried out these classifications, which were verified by the research supervisor.

Table 3: *Classification of Individual Items on the PTI and RS according to Separation vs. Affiliation and Forgiveness of Others (FO) vs. Forgiveness of Self (FS).*

Measure	Forgiveness	Affiliation	Separation
PTI	FO	B/C1: Increased affiliation/ acceptance; less anger towards other B/C4: Increased anger; still angry; no forgiveness	A4: Increased separation, detachment from other and traumatic event B/C3: Holding the other accountable; reduced minimization of harm B/C2: Increased understanding; more differentiated perspective of the other
	FS	A6: Reduced self blame for abuse	A1: Increased self acceptance and self esteem; reduced self criticism A2: Reduced avoidance of feelings associated with abuse; increased access to feelings in general A3: Increased self empowerment, assertion, confidence, sense of control; better coping A5: Increased self understanding and self awareness
RS	FO	#4: I see this person negatively #9: I have a real appreciation of this persons own personal difficulties #12: I feel accepting towards this person	#7: I feel ok about not having received what I needed from this person #8: I feel unable to let go of my unresolved feelings in relation to this person #10: I have come to terms with not getting what I want or need from this person
	FS	#3: I feel worthwhile in relation to this person #6: This persons negative view or treatment of me has made me feel badly about myself	#1: I feel troubled by my persisting unresolved feelings in relation to this person #2: I feel frustrated about not having my needs met by this person #5: I feel comfortable about my feelings in relation to this person

Note: PTI = Post Therapy Interview; RS = Resolution Scale; FO = forgiver of other(s); FS = forgiver of self; B/C = perceptions of abusive/neglectful other; A = perceptions of self

Individual items on the SASB had already been grouped into subscales of Affiliation and Separation, according to where items are located on the interpersonal circumplex (Benjamin, 1988). Table 4 shows the categorization of all SASB items into dimensions of Affiliation and Separation. For example, "with much love and caring, s/he tenderly approaches if I seem to want it" is classified as Affiliation; while "s/he is closed

off from me and mostly stays alone in her/his own world" is classified as Separation (Benjamin, 1996).

Table 4: *Classification of Individual Items on the SASB according to Separation vs. Affiliation.*

<u>Affiliation</u>	<u>Separation</u>
#1: S/he likes me and tries to see my point of view even if we disagree	#2: S/he is closed off from me and mostly stays alone in her/his own world
#3: S/he tells me my ways are wrong and I deserve to be punished	#4: Without giving it a thought, s/he carelessly forgets me, leaves me out of important things
#6: With much love and caring, s/he tenderly approaches if I seem to want it	#5: S/he trustingly depends on me, willingly takes in what I offer
#7: S/he bitterly, resentfully gives in, and hurries to do what I want	#8: S/he peacefully and plainly states her/his own thoughts and feelings to me
#12: Without caring what happens to me, s/he murderously attacks in the worst way possible	#9: To make sure things turn out right, s/he tells me exactly what to do and how to do it
#13: In a very loving way, s/he helps, guides, shows me how to do things	#10: S/he defers to me and conforms to my wishes
#15: S/he is joyful and comfortable, altogether delighted to be with me	#11: S/he has a clear sense of what she thinks, and chooses her/his own ways separately from me
#16: Filled with disgust and fear, s/he tries to disappear, to break loose from me	#14: Without much concern, s/he gives me the freedom to do things on my own

Note: SASB = Structural Analysis of Social Behaviour (Benjamin, 1988).

Each client then was classified as forgiver or non-forgiver of other(s) and self (F, NF, FS, NFS) on each of the three measures (PTI, and post-test RS and SASB scores). Since the present study is interested in the client's status at the end of therapy rather than the degree of change throughout therapy, only post-test data were used for the classification. The classification of F or NF was made separately for the abusive and neglectful relationships. The following criteria were used to make the above classifications on the PTI. A client was classified as a forgiver of others (F) if they (a)

explicitly stated that they have forgiven the other, *or* (b) more than 50% of the coded phrases concerning abusive or neglectful others indicated increased affiliation towards the other, *and* (c) more than 50% of the coded phrases concerning abusive or neglectful others indicated increased separation. When clients did not meet these criteria they were classified as non-forgivers of other(s) (NF). A client was classified as a forgiver of self (FS) if more than 50% of total coded phrases on the PTI were coded as self-forgiver. If clients did not meet this criterion they were classified as non-forgiver of self (NFS).

Regarding the RS measure, clients were classified as F if they obtained a post-test total score of 18 or below on the 6 items classified as F (see Table 3). The score of 18 was chosen because it represents a score of 3 or less (on a 5-point Likert scale), on each item on the RS. Alternatively, if a client obtained a score higher than 18, they were classified as NFO. A client was classified as FS on the RS if they obtained a score of 15 or lower on the 5 items that were classified as FS. Again, this score indicates that the client scored at most a 3 on a 5-point Likert scale, for all FS items.

Regarding the SASB measure, each client's post-test total score for the Affiliation (SASB-A) and Separation (SASB-S) dimensions were calculated. A client was classified as F if they obtained total post-test scores 480 or above for both Affiliation and Separation dimensions. The score of 480 was chosen because it represents a score of 60 out of 100 for each of the 8 affiliation and separation items on the SASB. If these criteria are not met, clients were classified as NF.

The final categorization for each client was based on the combined classification of the three measures (PTI, RS, SASB). A client was categorized as F if they were classified as F on 2 of the 3 measures, otherwise a final categorization of NF was

assigned. Similarly, a client was categorized as FS if they were classified as FS on both the RS and PTI measure, otherwise a final categorization of NFS was given.

### *Data Analyses*

Because the purpose of the study was to examine the relationship between resolution of child abuse issue and forgiveness, the number of clients who were resolvers and also forgivers of the abusive and, when applicable, neglectful other(s) as well as FS was reported. The study is primarily descriptive, however, statistical analyses were used to explore whether forgiveness had an effect on other dimensions of change. In order to investigate this I compared the group of clients who were categorized as resolvers and who also forgave in at least one relationship (RF) versus those who did not forgive in both relationships (RNF) in terms of pre-treatment characteristics (CTQ, PSSI, PTSD diagnosis, and Axis II diagnosis), therapy processes (LES and WAI), and treatment outcome (pre post treatment scores on the IES, IIP and SCL). The  $\alpha$  was .05 and because this study is exploratory no Bonferroni corrections for increased Type I error were calculated.

## CHAPTER IV

### Results

The primary objective of this study was to identify clients who reported resolution of issues with and forgiveness of abusive and neglectful other(s) in EFT-AS. Procedures for identifying clients as forgivers were described in detail in the method section. Briefly, content themes from the post therapy interviews (PTIs), as well as individual items from the Resolution Scale (RS) and Structural Analysis of Social Behavior (SASB) were used to classify clients as a forgiver (F) or non-forgiver (NF) of the abusive and neglectful other(s). In addition, these three measures – PTI, RS, and SASB – were used to classify clients as forgiver of self (FS) or non-forgiver of self (NFS), as well as resolver (R) or non-resolver (NR). The following is a descriptive summary of the classification of clients as R, NR, F, NF, FS, and NFS for each relationship.

#### *Descriptive Summary of Classification of Clients*

##### *Categorization of Clients as Resolvers and Forgivers in Relationships with Others*

Tables 5 and 6 display the raw data as well as the classification of individual clients for the abusive and neglectful relationships, respectively.

As indicated in Table 5 that refers to *abusive* relationships ( $n = 23$ ), 15 clients (65%) were classified as resolvers (R) and 8 (35%) as non-resolvers (NR). In terms of forgiveness, Table 5 indicates that 3 clients were classified as forgivers of the abusive other (F) and 20 as a non-forgivers (NF) based on PTI data. On the RS, 14 clients were classified as F and 9 as NF. On the SASB, 1 client was classified as F and 21 as NF. The final categorization for each client was based on the combined classification on the three measures (PTI, RS, SASB). For example, client 155 was classified as NF on the PTI and SASB, and as F on the RS; thus the final categorization of NF was assigned. Client 157

was classified as F on the PTI and RS, and as NF on the SASB; thus the final categorization of F was assigned. Note that client 177 has missing data for the SASB; nonetheless a final categorization of F was given. This was done because the score for the RS was well below the cut-off, and scores on the PTI approached the cut-off for forgiveness. Overall, 5 clients (22%) were categorized as forgivers (F) and 18 (78%) as non-forgivers (NF) of the abusive other.

Of the 15 clients who were classified as resolvers with respect to the abusive other, 5 were categorized as F and 10 as NF. Thus, 33% of resolvers also forgave the abusive other and 66% of resolvers did not forgive the abusive other.

As indicated in Table 6 that summarizes *neglectful* relationships ( $n = 20$ ), 14 clients (70%) were classified as resolvers (R) and 6 (30%) as non-resolvers (NR). In terms of forgiveness, Table 6 indicates that 7 clients were classified as F and 11 as NF based on PTI data. Note that 3 clients did not focus on a neglectful other (client 157, 166, and 177) and 2 additional clients did not discuss the neglectful other during the PTI. On the RS, 14 clients were classified as F and 6 as NF. On the SASB, 1 client was classified as F and 19 as NF. Again, final categorization for each client was based on the combined classification on the three measures (PTI, RS, SASB). Overall, 6 clients (30%) were categorized as forgivers (F) and 14 (70%) as non-forgivers (NF) of the neglectful other.

Of the 14 clients who were classified as resolvers with respect to the neglectful other, 6 were categorized as F and 8 as NF. Thus, 43% of resolvers also forgave the neglectful other and 57% of resolvers did not forgive the neglectful other.

Table 5: *R, F, and FS Classification of clients in Primary/ Abusive Relationship (N = 23).*

Client	Resolver		F Classification				Overall F Categorization		FS Classification				Overall FS Categorization	
	RS		PTI		RS		SASB		RS		PTI			
			A	S			A	S						
155	21	R	.14	.37	NF	12	F	160 300	NF	NF	9	FS	.78	FS
157	12	R	.55	.54	F	7	F	270 340	NF	F	5	FS	.87	FS
160	36	NR	.59	.29	F	15	F	250 370	NF	NF	21	NFS	.27	NFS
163	30	R	.29	.99	NF	20	NF	200 400	NF	NF	10	FS	.45	NFS
164	27.5	R	.10	.99	F	16	F	210 240	NF	NF	11.5	FS	.80	FS
165	31	R	.73	.43	NF	15	F	480 530	F	F	16	NFS	.74	FS
166	35	NR	.00	1.00	NF	20	NF	160 330	NF	NF	15	FS	.72	FS
167	40	NR	.12	.99	NF	22	NF	360 200	NF	NF	18	NFS	.66	FS
172	30	R	.67	.12	NF	23	NF	190 490	NF	NF	7	FS	.76	FS
173	24	R	.80	.17	NF	11	F	340 340	NF	NF	13	FS	.82	FS
176	28	NR	.22	.95	NF	15	F	390 260	NF	NF	13	FS	.81	FS
177	18	R	.36	.61	NF	10	F	- -		F	8	FS	.82	FS
178	23	R	.38	.65	NF	10	F	260 540	NF	NF	13	FS	.76	FS
179	38	NR	.46	.58	NF	22	NF	310 510	NF	NF	16	NFS	.61	FS
257	45	NR	.36	.18	NF	27	NF	240 240	NF	NF	18	NFS	.73	FS
259	46	NR	.40	.25	NF	25	NF	310 170	NF	NF	21	NFS	.76	FS
264	25	R	.53	.75	F	12	F	290 360	NF	F	13	FS	.72	FS
265	39	NR	.36	.62	NF	21	NF	130 350	NF	NF	18	NFS	.78	FS
267	25	R	.28	.92	NF	13	F	220 330	NF	NF	12	FS	.75	FS
269	29	R	.00	.61	NF	18	F	320 390	NF	NF	11	FS	.89	FS
274	21	R	.14	.96	NF	12	F	240 450	NF	NF	9	FS	.75	FS
275	15	R	.50	.51	F	8.5	F	230 420	NF	F	6.5	FS	.89	FS
281	31	R	.20	.92	NF	20	NF	310 310	NF	NF	11	FS	.68	FS

NOTE: F = Forgiver of other; FS = Forgiver of self; R = resolver; PTI = post treatment interview; SASB = Structural Analysis of Social Behaviour; RS = Resolution Scale; A = Affiliation dimension; S = Separation dimension; PTI, F cut-off = if > .50 on A and S then classified as F, otherwise NF; RS, F cut-off = if < 18 then classified as F, otherwise NF; SASB, F cut-off = if > 480 on A and S then classified as F, otherwise NF; Resolver cut-off = if < 33 the R, otherwise NR; RS, FS cut-off = if < 15 then classified as FS, otherwise NFS; PTI, FS cut-off = if > .50 then classified as FS, otherwise NFS.



Table 6: *R, F, and FS Classification of clients in Secondary/ Neglectful Relationship (N = 20).*

Client	Resolver		F Classification			Overall F Categorization		FS Classification			Overall FS Categorization	
	RS		PTI			RS		SASB			RS	PTI
			A	S				A	S			
155	11	R	.39	.71	NF	6	F	190	260	NF	5	FS
157	-		-			-		-			-	.87
160	50	NR	.14	.99	NF	26	NF	310	400	NF	24	NFS
163	25	R	Did not discuss			16	F	300	400	NF	9	FS
164	16	R	.21	.87	F	9	F	350	400	NF	7	FS
165	37	NR	.08	.93	NF	18	F	470	420	NF	19	NFS
166	-		NA			-		-			-	.72
167	39	NR	.50	.84	F	22	NF	300	90	NF	17	NFS
172	49	NR	.50	.12	NF	27	NF	400	420	NF	22	NFS
173	25	R	.17	.17	NF	12	F	390	390	NF	13	FS
176	23	R	.33	.61	NF	11	F	320	370	NF	12	FS
177	-		-			-		-			-	.82
178	17	R	.57	.58	F	7	F	340	480	NF	10	FS
179	29	R	.21	.99	NF	14	F	360	370	NF	15	FS
257	42	NR	.67	.00	NF	25	NF	330	210	NF	17	NFS
259	38	NR	.33	.72	NF	19	NF	270	210	NF	19	FS
264	26	R	.64	.64	F	12	F	310	370	NF	14	FS
265	24	R	Did not discuss			15	F	480	520	F	9	FS
267	25	R	.72	.54	F	12	F	300	400	NF	13	FS
269	22	R	.29	.75	NF	13	F	390	600	NF	9	FS
274	13	R	.80	.45	NF	8	F	330	510	NF	5	FS
275	20.5	R	.22	.73	F	13.5	F	270	480	NF	7	FS
281	28	R	.75	.57	F	19	NF	350	420	NF	10	FS

NOTE: F = Forgiver of other; FS = Forgiver of self; R = resolver; PTI = post treatment interview; SASB = Structural Analysis of Social Behaviour; RS = Resolution Scale; A = Affiliation dimension; S = Separation dimension; PTI, F cut-off = if > .50 on A and S then classified as F, otherwise NF; RS, F cut-off = if < 18 then classified as F, otherwise NF; SASB, F cut-off = if > 480 on A and S then classified as F, otherwise NF; Resolver cut-off = if < 33 the R, otherwise NR; RS, FS cut-off = if < 15 then classified as FS, otherwise NFS; PTI, FS cut-off = if > .50 then classified as FS, otherwise NFS.

### *Categorization of Clients as Self-Forgivers*

Table 5 indicates that for *abusive* relationships 21 clients were classified as forgivers of self (FS) and 2 as non-forgivers of self (NFS) on PTI data. On the RS, 16 clients were classified as FS and 7 as NFS. Final categorization for each client was based on the combined classification on the two measures. Clients were categorized as FS if they were classified as FS on both the RS and PTI. Overall, 15 clients (65%) were categorized as FS and 8 (35%) as NFS in relation to the primary abusive other.

Table 6 indicates that for *neglectful* relationships 18 clients were classified as FS and 2 as NFS on PTI data. On the RS, 15 clients were classified as FS and 5 as NFS. Again, final categorization was based on the combined classification on these two measures. Overall, there were 14 (70%) FS and 6 (30%) NFS in relation to the secondary neglectful other.

### *Examination of Resolvers who Forgave in At Least One Relationship (RF) vs. Resolvers who did Not Forgive in Either Relationship (RNF)*

The secondary objective of this study was to determine if there were any differences between clients who resolved and forgave the abusive and neglectful other(s) versus those who resolved and did not forgive. In order to reduce the number of analyses and Type I error rate all analyses compared clients who resolved and forgave in at least one relationship (RF;  $n = 9$ ) versus clients who did not forgive in either relationship (RNF;  $n = 9$ ). Table 7 summarizes resolution and forgiveness classification for each relationship for each client as well as overall classification across relationships. Differences between these two groups (RF vs. RNF) were examined in terms of pre-treatment characteristics, therapy processes and outcome.

Table 7: *Categorization of clients as Resolvers who Forgave in At Least One Relationship and Resolvers who Did Not Forgive in Either Relationship (N = 23).*

Client	Relationship	Resolver	Forgiver	Overall Categorization
155	Abusive	R	NFO	RNF
	Neglectful	R	NFO	
157	Abusive	R	FO	RF
	Neglectful	-	-	
160	Abusive	NR	NFO	-
	Neglectful	NR	NFO	
163	Abusive	R	NFO	RNF
	Neglectful	R	NFO	
164	Abusive	R	NFO	RF
	Neglectful	R	FO	
165	Abusive	R	FO	RF
	Neglectful	NR	NFO	
166	Abusive	NR	NFO	-
	Neglectful	-	-	
167	Abusive	NR	NFO	-
	Neglectful	NR	NFO	
172	Abusive	R	NFO	RNF
	Neglectful	NR	NFO	
173	Abusive	R	NFO	RNF
	Neglectful	R	NFO	
176	Abusive	NR	NFO	RNF
	Neglectful	R	NFO	
177	Abusive	R	FO	RF
	Neglectful	-	-	
178	Abusive	R	NFO	RF
	Neglectful	R	FO	
179	Abusive	NR	NFO	RNF
	Neglectful	R	NFO	
257	Abusive	NR	NFO	-
	Neglectful	NR	NFO	
259	Abusive	NR	NFO	-
	Neglectful	NR	NFO	
264	Abusive	R	FO	RF
	Neglectful	R	FO	
265	Abusive	NR	NFO	RF
	Neglectful	R	FO	
267	Abusive	R	NFO	RF
	Neglectful	R	FO	
269	Abusive	R	NFO	RNF
	Neglectful	R	NFO	
274	Abusive	R	NFO	RNF
	Neglectful	R	NFO	
275	Abusive	R	FO	RF
	Neglectful	R	FO	
281	Abusive	R	NFO	RNF
	Neglectful	R	NFO	

Note: R = resolver; NR = non-resolver; FO = forgiver of the other; NFO = non-forgiver of the other; RF = resolver and forgiver in at least one relationship; RNF = did not forgive in both relationships.

### *Pre-treatment Characteristics*

The following analyses are based on a sample of 16 because two clients had missing data on the CTQ and PSSI. Four variables were used to assess differences between clients who resolved and forgave in at least one relationship and those who did not forgive in either relationship. These were the CTQ, PSSI, PTSD diagnosis, and Axis II diagnosis. PTSD and Axis II diagnosis were treated as continuous variables (0 = diagnosis absent; 1 = diagnosis present).

Table 8 displays the means and standard deviations for the two groups on each of the four pre-treatment variables. Table 8 indicates that clients who resolved and forgave in at least one relationship (RF) had a lesser extent of childhood abuse and neglect on the CTQ. In addition, the RF group reported more symptoms on the PSSI and more RF clients received a diagnosis of PTSD. Results of a Multivariate Analysis of Variance (MANOVA) comparing RF and RNF groups indicated that pre-treatment differences were not statistically significant,  $F(4, 11) = 2.575, p = ns$ .

Table 8: *Pre-treatment Means and Standard Deviations for Resolvers who Forgave in At Least One Relationship and those who Did Not Forgave in Either relationships (n = 16).*

Measure	Group	Mean	Standard Deviation
PSSI	RF	26.50	14.17
	RNF	22.75	5.99
CTQ	RF	141.63	28.36
	RNF	161.75	27.76
PTSD Diagnosis		<u>N</u>	<u>%</u>
	RF	6	75
	RNF	4	50
Axis II Diagnosis		<u>N</u>	<u>%</u>
	RF	3	38
	RNF	3	38

NOTE: PSSI = PTSD Symptom Severity Interview; CTQ = Childhood Trauma Questionnaire; RF = resolvers who Forgave in at least one relationship; RNF = resolvers who did not Forgave in both relationships.

### *Therapy Processes*

The following analyses are based on a sample of 18 clients with complete process data. Two measures (LES and WAI) were used to assess differences between resolvers who forgave in at least one relationship (RF) and those who did not forgive in either relationship (RNF).

Table 9 shows the means and standard deviations for clients who resolved and forgave in at least one relationship and those who did not forgive in either relationship. Table 9 indicates that the RF group reported lower emotional engagement scores on the LES and higher alliance scores on the WAI. However, a MANOVA indicated that these differences were not statistically significant,  $F(2, 15) = .34, p = ns$ .

Table 9: *Therapy Process Means and Standard Deviations For Resolvers who Forgave in At Least One Relationship and those who Did Not Forgive in Either Relationship (n = 18).*

Measure	Group	Mean	Standard Deviation
LES	RF	2.48	.98
	RNF	2.70	1.18
WAI	RF	6.13	.68
	RNF	5.99	.71

NOTE: LES = Levels of Engagement Scale; WAI = Working Alliance Inventory; RF = resolvers who forgave in at least one relationship; RNF = resolvers who did not forgive in both relationships.

### *Treatment Outcome*

Three self-report questionnaires were used to assess treatment outcome. These were the IES, IIP and SCL. Table 10 shows the pre and post-treatment means and standard deviations for clients who resolved and forgave in at least one relationship (RF) and those who did not forgive in either relationship (RNF). A repeated measures MANOVA was conducted to examine differences between the two groups. The between subjects variable was group, with two levels (RF vs. RNF), and the within subjects

variable was time, with two levels (pre and post-treatment scores). Results showed a main effect of time,  $F(3, 14) = 15.92, p = .001, \eta^2 = .773$ , indicating that clients in both groups improved over the course of therapy. However, there was no significant effect for group,  $F(3, 14) = .22, p = ns$ , or interaction,  $F(3, 14) = 1.87, p = ns$ .

Table 10: *Pre-post Means and Standard Deviations For clients who Resolved and Forgave in At Least One Relationship versus those who Did Not Forgive in either relationship (n = 18).*

Measure	Time	Group			
		RF (N = 9)		RNF (N = 9)	
		Mean	SD	Mean	SD
IES	Pre	23.89	12.85	20.67	7.57
	Post	9.89	8.82	12.56	7.70
IIP	Pre	1.97	.71	1.99	.53
	Post	1.34	.70	1.03	.53
SCL	Pre	1.44	.93	1.15	.69
	Post	1.16	.65	1.01	.52

NOTE: IES = Impact of Events Scale; IIP = Inventory of Interpersonal Problems; SCL = Symptom Checklist-90, Revised; RF = resolvers who Forgave in at least one relationship; RNF = resolvers who did not Forgive in both relationships.

Univariate analyses revealed a main effect of time on the IES,  $F(1,) = 11.30, p = .004, \eta^2 = .414$ , and the IIP,  $F(1,) = 53.99, p = .001, \eta^2 = .771$ . There were no significant findings on the SCL,  $F(1,) = 2.44, p = ns$ , no effect for group and no interaction on any measure. Thus, in both groups clients reported less trauma-related symptoms of intrusion and avoidance as well as less distress stemming from interpersonal problems after the completion of therapy, but no changes in global distress. These results indicate that clients who resolved and forgave in at least one relationship were not significantly different in terms of therapy outcome from those who did not forgive in either relationship.

## CHAPTER V

### Discussion

The primary objective of the present study was to identify clients who reported resolving issues with abusive and neglectful others and forgiving the self and others following EFT-AS. The following is a summary of the classification of clients as resolvers and forgivers. Most clients (68%) in the present study resolved child abuse issues with past abusive and neglectful others. In addition, most clients (68%) were self-forgivers in relation to both relationships. However, less than one-third of the clients forgave the abusive and neglectful others. It is important to note that more clients resolved and forgave neglectful compared to abusive others.

The secondary objective of the present study was to examine whether the subset of clients who reported forgiving others differed from those who did not report forgiveness. In part, the study investigated whether forgiveness provides additional benefits with respect to client outcome. Analyses comparing clients who resolved and forgave in at least one relationship versus those who resolved but did not forgive in either relationship, indicated no significant differences with respect to pre-treatment characteristics, therapy processes, or treatment outcome.

#### *Resolution of Child Abuse Issues*

The overall findings regarding the resolution of child abuse issues for the subset of clients in the present study were consistent with outcome results reported by Paivio et al. (2001) for the entire sample of 37 EFT-AS completers. In that study (Paivio et al., 2001) resolution was studied as an aggregate in abusive and neglectful relationships. Thus, one of the novel contributions of the present study came from examining resolution separately for abusive and neglectful relationships.

Present findings indicated that 65% and 70% of clients resolved issues with abusive and neglectful others, respectively. These findings are consistent with expectations. Paivio and Nieuwenhuis (2001) reported that the proportion of clients who resolved issues with abusive and neglectful others (averaged together) was .67.

Resolution, defined as reduced negative feelings, increased self-empowerment and self-esteem, and a more differentiated perspective of abusive/neglectful others, is a specific goal of EFT-AS (Paivio & Nieuwenhuis, 2001). However, present findings indicated that fewer clients resolved issues with abusive compared to neglectful others. Observations of client clinical files revealed that most clients in the present study who failed to resolve issues with the abusive other were dealing with a father figure who had sexually or severely physically abused them. Specifically, 60% of non-resolvers focused in therapy on a father figure; 40% of these were dealing with sexual abuse; and 60% were dealing with physical abuse. On the other hand, 70% of the neglectful others were mothers who failed to protect the client as a child from the abuse. Additionally, observations of clinical files showed that clients spent more sessions focusing on the neglectful other in comparison to the abusive other. In fact, 60% of sessions focused on the neglectful other. Thus, resolution partly could be a function of the amount of time spent on issues in therapy as well as type of relationship, whereby it is easier to resolve issues with neglectful rather than abusive others. The latter involves sins of omission rather than commission.

#### *Forgiveness of Self versus Other*

This is the first study to explicitly examine forgiveness in EFT-AS. It is important to note that the study focused on the occurrence of forgiveness with a sample of clients who benefited from therapy and made large gains in multiple domains. The average



pre-post effect size in standard deviation units across five dimensions (IES, IIP, RS, SASB, SCL) was 1.56 standard deviations. This is well above the standard for successful therapy of .80 sd specified by the APA Taskforce on the Promotion and Dissemination of Psychological Procedures (1995). This study contributes to our understanding of forgiveness within this client population, that is, adult survivors of childhood abuse who benefited from therapy.

The issue of forgiveness is controversial, especially when applied to severe trauma, such as childhood abuse. Forgiveness has been defined as releasing resentment toward the offender, restoring relationships with the offender, and healing emotional wounds resulting from the offence (Hargrave & Sells, 1997; Enright & Fitzgibbons, 2000). Those who advocate forgiveness (Freedman & Enright, 1996; DiBlasio, 1998) believe that forgiveness of the perpetrator is a necessary aspect of resolving traumatic experiences. Others contend that the key aspect in the resolution of trauma issues involves no longer blaming the self, that is, forgiving the self for the harm that was done (Bass & Davis, 1994).

To address this issue, the present study examined the number of clients who reported forgiveness of the self as well as forgiveness of others. These were examined separately for abusive and neglectful relationships because circumstances that influence forgiveness differ for each. Most clients in the present study forgave themselves by the end of therapy, and there was no difference in terms of abusive and neglectful relationships. Clients reported reduced (a) self-blame, and (b) self-criticism; and increased (c) self-esteem, (d) access to feelings in general, (e) self-understanding, as well as (f) self-empowerment in both relationships. These findings are consistent with the EFT-AS treatment model, that specifies a focus on self-related issues as an integral

part of resolving child abuse issues. One of the ways in which Paivio (1996) refined the general process model of resolving past interpersonal issues (Greenberg & Foerster, 1996) to meet the specific needs of abuse survivors was by allotting more time for work with self-related disturbances. Therefore, in the middle phase of therapy, EFT-AS focuses on issues, such as guilt and self-blame for the abuse, as well as avoidance of feelings and memories related to the abuse (Paivio & Nieuwenhuis, 2001). Working through these issues allows clients to appropriately place the blame on perpetrators of harm rather than the self, and thus come to a stance of forgiving the self. The following excerpt, obtained from a post therapy interview, illustrates this point.

"...Yeah, because I'd always, you know, I've always had that same memory for as long as I can remember. But I've always looked at it as being my fault...I, I, there was not one thing I could have done. There was no place I could have run. There was no place I could scream. We were the only two there. So in effect how I was just a little girl who had been told and taught how to respect authority and that there wasn't any avenue for you to do anything else. And the adult that I was supposed to be staying with and respecting was the person...and who told me not to say anything, who told me not to tell, not to, you know, it was my fault... and right, I'm getting to the point where .... I'm doing what I'm doing and whether it's O.K. or not is really not my problem, it's theirs..." (Client 164).

The finding that more clients who resolved child abuse issues were forgivers of the self rather than forgivers of abusive and neglectful others suggests that, for this sample,

resolving self-related issues was more integral to the healing process than forgiving offenders.

*Separation from versus Affiliation toward Abusive and Neglectful Others*

Advocates of forgiveness believe that true resolution occurs when individuals shift to viewing the perpetrator as a person with their own developmental history, thereby releasing resentment toward the perpetrator, and restoring relationships (Freedman, 2000; Enright & Fitzgibbons, 2000). Thus, forgiveness traditionally has been conceptualized in terms of both increased separation from and reduced anger toward the offender. In the present study, a forgiver was defined as someone who moved from a stance of enmeshment to separation and from hostility to increased warmth or affiliation. Recall that findings from the Rice and Paivio (1999) study indicated that, on average, clients reported increased separation/autonomy but no increased affiliation toward abusive and neglectful others, and thus no forgiveness. However, results of the present study, which examined individual clients rather than averages, indicated that about one-third of the clients did report forgiving abusive and neglectful others. Nonetheless, present results are largely consistent with those reported by Rice and Paivio (1999). Most clients did not forgive the offender according to the traditional definition of forgiveness because they failed to shift on the dimension of affiliation. On the other hand, more than 70% of clients who resolved but did not forgive met the criteria for separation from the other. Together these findings suggest that, for clients in the present sample, movement toward increased separation rather than affiliation was the critical aspect of good outcome.

Both advocates and opponents of interpersonal forgiveness believe that angry feelings resulting from traumatic events need to be acknowledged, validated, and expressed

(Bass & Davis, 1988; Davenport, 1991; Freedman, 2000). The difference lies in what occurs next. Advocates view forgiving the offender as a choice that the client makes after the expression of anger (Freedman, 2000). For clients in the present sample, perhaps what was more important than releasing resentment toward the perpetrator, was acknowledging and expressing their anger, so that it no longer dominated and interfered with functioning. The following excerpts, obtained from post therapy interviews, illustrate this point. Both clients resolved issues with the abusive other but did not report increased affiliation. What seemed to be important for these clients was to voice and release their anger and rage and have it validated.

"...yeah, um, I allowed myself to decide that he was a terrible person. And that I, I was about killing myself over the fact that I had these feelings to deal with and that I thought it wasn't possible to, that you cannot possible hate a parent. And I guess when I was actually given permission to say that I could, I felt a whole lot better about it..." (Client 281).

"...I have been able to get the anger at my sexual abuse out...that's garbage and it's gone, I don't need to worry about it anymore. I don't need to feel dirty about it anymore... I was not the guilty person as he told me for years and years.... You know I was an innocent child... I still view him as the abuser but... it's not overwhelming now... getting rid of the hatred, getting rid of the anger, learning who I really was...voice how I felt and to, to get rid of the rage, get rid of the anger, and I as I said the self guilt... I don't really feel that my view of my father has changed

except that I can say that that is part of the past that I don't have to own..." (Client 274).

It is possible that acknowledging anger about the abuse is a healthy adaptive response that is different from lingering hostility and resentment. By definition adaptive anger is a fleeting response to violation, in this case to memories of abuse that, would be appropriately expressed and then pass. It also is possible that acknowledging and expressing legitimate anger about maltreatment means reduced minimization of harm. Such minimization is commonly observed among child abuse survivors, in the early stages of therapy. Thus, acknowledging anger could be a first step toward letting it go.

Findings discussed thus far indicate that key outcomes for this sample of successful therapy completers were forgiving the self as well as increased separation from the other. Increases in affiliation toward abusive and neglectful others did not seem to have a role in outcome for this sample. Therefore, findings discussed so far do not support the position of those who advocate forgiveness of offenders as a necessary aspect of trauma resolution.

#### *Forgiveness as a Function of Type of Relationship (Abusive versus Neglectful)*

The finding that more clients resolved and forgave neglectful compared to abusive others is noteworthy because it suggests that forgiveness is partly a function of the type of relationship. During therapy, most clients in the present sample focused predominately on the neglectful rather than the abusive other during therapy. Again, 60% of therapy sessions focused on the neglectful other, thus allowing for greater exploration and working through with issues related to the neglectful other. In addition, the neglectful other was usually a mother who did not protect the client from the abuse. It is possible that, as in the case of resolution, because of more therapy attention to the

neglectful other, clients achieved a greater understanding of the mother's situation, which led to reductions in hostility. Also, there could be a greater need to resolve issues and heal relationships with primary attachment figures, such as a mother. This in turn helps to explain the greater focus on the neglectful mothers in therapy. The following excerpts from the post therapy interviews illustrate how a client came to an increased understanding of the neglectful other at the end of therapy, and came to view her mother as a person with her own difficulties. Both of these clients resolved and forgave their mothers.

"...um, I see her (mother) more as a person rather than just a parent.

And I, I see her more as a troubled person rather than just giving me trouble. I never really was able to see that she, that she had her own problems. And I just about feel sorry for her. I feel empathy towards her, which I never did before..." (Client 267).

"...well I look at her (mother) as somebody that I really care for, that is my mom...I understand, I understand where she came from a lot better. Which is something that I needed to go through. Understand what her role was in the abuse that happened in our family. And to also not jut be accountable to myself but to hold her accountable for some of it. Cause there was an accountability factor where I really was so overprotective of what was going on that I just, anything that mom did, it was like well it couldn't be her, it had to be me, kind of thing. But there were certain things that came about because of mom. And I was able to understand that and to accept that that's the case but that's not me and that she is

her own person with her own difficulties and struggles and that and those are her things..." (Client 264).

Another possible reason that more clients forgave the neglectful versus the abusive other is that, like resolution, it could be easier to forgive sins of omission versus commission. This could be because sins of omission are perceived as less severe and not directly related to the abuse. Research has found that, although not specific to child abuse, individuals often rate harmful omissions as less immoral, than harmful commissions because omissions are viewed as not the direct cause of harm. As previously stated, clients who did not forgive abusive others were usually dealing with father figures who either severely physically or sexually abused them.

#### *Differences between Forgivers and Non-Forgivers*

Client Characteristics. Although it seems that an increase in affiliation toward offenders was not a key outcome for this sample of clients, it is still important to note that one-third of the clients who resolved child abuse issues did report increases in affiliation toward others, and thus were classified as forgivers according to the current definition. However, statistical analyses examining differences between clients who resolved and forgave in at least one relationship and clients who did not forgive in either relationship were not significant in terms of pre-treatment characteristics. It is possible that client characteristics other than those measured in the present study could help to explain forgiveness of others. According to Murphy (2002) coming to a stance of forgiving an offender is situational and individual. He further states that forgiveness is always an appropriate goal of therapy for clients who are willing and able to achieve forgiveness. It could be the case that those clients in the present sample who forgave the abusive and neglectful others came into therapy wanting to do so. There are various

possible motivations behind forgiveness (Younger, Piferi, & Jobe, 2004). For example, one might want to forgive for physical/health reasons, such as decreasing stress and reducing health problems. It is possible that some individuals want to reconcile and build a stronger relationship with the offender, thus forgiving the offender would be the first step toward achieving reconciliation. Still others might forgive because of the notion that forgiveness will efficiently resolve the conflict and free them from their victim status. Lastly, some individuals believe that forgiving is a moral choice, and might choose to forgive because of their religious beliefs.

It also could be the case that clients who forgave abusive and neglectful others had the capacity to forgive, either because of the nature of the abuse, for example less severe, or because they were ready to do so as part of their own healing process. Research has identified certain client characteristics that distinguish those who come to a stance of forgiving. For example, Lawler (2000) found that clients who forgive have good social and perspective taking skills, are more empathic and warm, express more positive emotions towards others, and are more in touch with their painful feelings. Again, none of these characteristics were assessed in the present study.

Therapy Processes. There also was no difference between clients who forgave abusive and neglectful others and those who did not in terms of therapy processes. Clients in both groups reported equally strong alliances on the WAI and were equally engaged in the process of exploring child abuse feelings and memories on the LES. It should be noted, however, that LES ratings were conducted only on a small portion of therapy, that is, three 15-minute segments of client dialogue during the IC procedure. It is possible that key therapy processes were not captured in these particular segments. As well, the LES measures psychological contact with imagined others, degree of



involvement within the process, and emotional expressiveness. It is possible that other therapy processes were more related to forgiveness. Recall that during the IC procedure clients are encouraged to express previously constricted feelings and needs to the imagined abusive or neglectful other (Paivio & Nieuwenhuis, 2001). Clients also are asked to imagine how the other would respond to their expressiveness. Typically, the other initially is seen negatively and as defensive and non-responsive to the client's feelings and needs. It is possible that, over the course of therapy, clients who forgave abusive and neglectful others imagined that these others were more responsive to them, acknowledged the harm they had done, and were repentant. This helped clients come to a stance of forgiving the other (Greenberg & Paivio, 1997). On the other hand, clients who did not forgive perceived the other as remaining non-responsive and refusing to acknowledge or take responsibility for the harm they had done. Findings from a recent study of key change events leading to forgiveness in individual and couples forgiveness-oriented EFT (Malcolm & Greenberg, 2005) support this view. In individual therapy, Malcolm and Greenberg (2005) found that enacting the injuring other as compassionate in the face of the clients' revealed pain and suffering was a key change event. This allowed clients to see the other in a new way, that is, with compassion and forgiveness. In couples' therapy, forgiveness came after the injuring other expressed an authentic apology that included accepting responsibility for the harm that was done as well as expressing shame or "guilt before oneself" (Malcolm & Greenberg, 2005; Murphy, 1999).

Another factor that could help to explain interpersonal forgiveness in the present sample is the type and frequency with which different emotions were expressed during therapy. Specific emotions are thought to play an important role in the clients'

experience of the self and of others (Greenberg & Paivio, 1997). For example, anger serves a protective function, such as protest against maltreatment or harm (Davenport, 1991; Paivio, 1999). Anger also functions to assert one's power and therefore fosters self-empowerment and interpersonal boundary definition (Paivio, 1999). In the EFT-AS model (Paivio & Nieuwenhuis, 2001), expression of anger is thought to foster client feelings of empowerment and entitlement to unmet needs. This empowerment and entitlement in turn leads to separation from the abusive and neglectful others, holding others accountable for harm and, therefore, self-forgiveness. A recent study found that healthy, adaptive expression of anger during EFT-AS correlated with positive outcome, particularly interpersonal dimensions of change (Carriere, 2004). Another study found that therapy episodes that clients identified as helpful were characterized by high levels of arousal and anger expression (Holowaty, 2004). However, to date, there are no studies specifically on anger and forgiveness in child abuse therapies, in general, or EFT-AS, in particular. It is possible that healthy, adaptive anger is associated not only with resolution of child abuse issues but with forgiveness of abusive and neglectful others as well.

Sadness is another important emotion that is expressed and explored in EFT-AS. Sadness is thought to promote grieving of losses, motivate self-soothing or seeking support, and moving on to other concerns (Greenberg & Paivio, 1997). Thus, exploration and expression of sadness allows clients to attain greater compassion for the self and thereby experience a reduction in personal pain and distress. Once this process of focusing inward is underway clients could be more open to focusing outward and forgiving the other as a potential means to further promote their healing. However, to

date, there is no research on sadness and its relationship to forgiveness, resolution of child abuse issues, or outcome.

Finally, findings from the present study likely are partly attributable to the EFT-AS model that does not explicitly advocate forgiveness as a therapy goal. Such a stance is characteristic of experiential, humanistic, and client-centered theories of therapy, in general. Accordingly, these theories are process rather than content directive, and emphasize client and therapist collaboration on the goals of treatment (Rogers, 1961; Gendlin, 1996). Clients are viewed as experts in their own experience, while the therapist's job is to facilitate exploration of that experience (Rogers, 1961; Gendlin, 1996). Thus, if forgiveness is an important goal for a particular client, the therapist will help the client to achieve that goal. It is possible that if EFT-AS provided information about the concept of forgiveness and explicitly promoted it, that more clients would have reached a stance of forgiving the abusive and neglectful others. However, since this is not specifically promoted in the EFT-AS model, those clients who did forgive offenders did so on their own will. That is, forgiveness was driven by clients' own processes or desires rather than the therapy protocol.

Treatment Outcome. There also was no difference between clients who forgave abusive and neglectful others and those who did not in terms of treatment outcome. It is possible that there were no real differences between forgivers and non-forgivers, and thus the results do not support the view of those who advocate forgiveness. That is, forgiving the offender does not afford additional benefits to client outcome.

It also is possible that the lack of significant findings were a function of forgiveness classification. Most clients, regardless of their forgiveness classification, reported increased separation. Furthermore, all clients who increased in affiliation

toward abusive and neglectful others met only the minimum cut-off score on this dimension. Specifically, the affiliation cut-off score on the PTI was .50 and 70% of scores for clients who met this criterion ranged between .50 to .60. The affiliation cut-off score on the SASB was 480 and all clients who met this criterion had a score of exactly 480. If separation from abusive and neglectful others is the driving force for improvement in both groups then it makes sense that there would be no differential improvements. This may account for the lack of significant findings.

Lastly, the small sample and thus limited power to detect differences may help to explain the lack of significant group findings.

#### *Methodological Considerations*

Several methodological issues need to be considered. In terms of strengths, the inter-rater reliability of the post therapy interview (PTI) category themes was high and indicated very good agreement beyond chance (Fleiss, 1988). Thus, clients were reliably identified in PTIs as forgivers or non-forgivers of the self, and abusive and neglectful others.

Second, classifications of clients as resolvers and forgivers were based on specific criteria on multiple measures (PTI, RS and SASB). The cut-off scores for each measure were determined on the basis of clinical and research expertise, experience, and common sense. Criteria on at least one measure, the Resolution Scale, resulted in a percentage of resolvers (65% and 70% for abusive and neglectful relationships, respectively) that was consistent with estimates of clinically significant change (.67; Paivio & Niewenhuis, 2001) according to well established criteria (Jacobson & Truax, 1991). This adds support to the validity of criteria used to classify clients as resolvers on the RS.

Third, final categorization of clients as resolvers and forgivers was based on the combined classification of 3 measures (PTI, RS, and SASB). This allowed for a rigorous operational definition of forgiveness using multiple measures and varying measurement perspectives.

Fourth, this study used both idiographic and nomothetic approaches for examining the data. The idiographic approach was used for categorizing clients as forgivers and resolvers, while the nomothetic approach was used when comparing clients who resolved and forgave to those who did not forgive abusive and neglectful others. The idiographic approach allows for an in-depth investigation of individual clients in order to achieve a unique understanding of those individuals (Kazdin, 1998). Obtaining such detailed and descriptive information is lost when looking at averages and utilizing statistical tests.

Lastly, forgiveness was examined from the perspective of the self, as well as the abusive and neglectful other, separately. Reporting the number of forgivers separately for the self and each abusive and neglectful relationship was necessary as the circumstances differ for each relationship. By doing this, we were able to investigate whether forgiveness was a function of type of relationship, and speculate about circumstances surrounding each relationship.

Conclusions that can be drawn from present findings are limited by a number of factors. First, because the study used archival data, I was limited in terms of sample size ( $n = 23$ ) and size was further reduced once final categorizations were made. Therefore, it is likely that there was insufficient power to detect differences between resolvers who forgave in at least one relationship and those who did not forgive in either abusive or neglectful relationships.

Second, because of the small sample, I could not independently examine differences between forgivers and non-forgivers in abusive and neglectful relationships. Such an investigation could have provided unique information about forgiveness in each relationship.

Third, because of the archival nature of the data, there was no information regarding which clients, if any, came into therapy wanting to forgive abusive and neglectful others. Client characteristics that might distinguish forgivers from non-forgivers, such as level of empathy, social and perspective taking skills (Lawler, 2000) were not measured.

Fourth, clients in the present study were screened in terms of specific inclusion and exclusion criteria, as well as suitability for short-term trauma focused therapy. Although such criteria are typical of other treatment outcome studies (Beutler & Clarkin, 1990), the results may not generalize to all trauma survivors. For example, many survivors are more severely disturbed and present with comorbid disorders. Bresleau, Davis, Andreski, and Peterson (1991) found that 83% of their sample met criteria for PTSD and at least one other psychiatric disorder. Zlotnick, Mattia and Zimmerman (2001) found that patients with sexual abuse histories had higher rates of comorbidity, primarily borderline personality disorder, PTSD, and multiple Axis I diagnoses. As well, the present sample consisted of predominantly Caucasian females, thus the results can only be generalized to individuals with such characteristics.

Lastly, clients were categorized as forgivers of others based on their forgiveness classification on three measures. Although, this allowed for a rigorous operational definition of forgiveness with varying measurement perspectives, it should be noted that there was substantial discrepancies in forgiveness classification between these three

measures. For example, in abusive relationships, 3 clients were classified as forgivers on the PTI, 1 on the SASB and 14 on the RS. Similarly, in neglectful relationships, 7 clients were classified as forgivers on the PTI, 1 on the SASB and 14 on the RS. Thus, in both abusive and neglectful relationships, more clients were classified as forgivers using criteria on the RS measure in comparison to the other two measures. This illustrates the obstacles in research with respect to categorization as well as questions the validity of the measures for categorization purposes.

#### *Directions for Future Research*

Although trauma has been a focus of research for over a decade, forgiveness as a research topic only has recently begun to receive attention. Findings of the present study can serve as a starting point for future research on forgiveness in therapy with abuse survivors. For example, an ongoing study examining EFT-AS (Paivio & Jarry, 2004) with an additional 30 clients. Future research can compare forgivers and non-forgivers in this traditional form of EFT-AS with a larger sample size. This would provide greater power to detect differences between forgivers and non-forgivers. Such an investigation would allow us to examine possible additional benefits for clients who forgive abusive and neglectful others. Future research also could develop a forgiveness-oriented EFT-AS. One then could compare two versions of EFT-AS, that is, traditional versus forgiveness-oriented EFT-AS in order to assess the independent contribution of forgiving offenders to positive client outcome. Client characteristics, such as empathy and perspective taking ability (e.g., Lawler, 2000), that have been found to distinguish forgivers and non-forgivers should be assessed prior to commencing each of these therapies. Further, interviews should be conducted prior to therapy. These would assess clients' desires to forgive and their motivations for forgiving. Future research also

should investigate the process of therapy for clients who forgive offenders compared to those who do not. In particular, the type of emotions and frequency with which they are expressed during therapy, such as anger and sadness, could distinguish forgivers from non-forgivers. Additionally, one could examine differences between forgivers and non-forgivers in terms of changes in perception of others during the therapy process. For example, it is possible that over the course of therapy, forgivers shift to viewing the offender as acknowledging the harm they had done, remorseful and repentant. Finally, one could examine the therapist's role in forgiveness. Factors such as introducing the possibility of forgiveness, level of empathy and their ability to moderate emotional arousal during imaginal exposure exercises could influence the clients' likelihood of forgiving offenders.



## REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.
- American Psychological Association (1995). Template for developing guidelines: Interventions for mental disorders and psychological aspects of physical disorders (Policy document). Washington, DC: Author.
- Bagley, C. (1991). The prevalence and mental health sequels of child sexual abuse in a community sample of women aged 18 to 27. *Canadian Journal of Community Mental Health* 10, 103-116.
- Baskin, T., W., & Enright, R., D. (2004). Intervention Studies on Forgiveness: A Meta-Analysis. *Journal of Counseling and Development* 82 (1), 79-90.
- Bass, E., & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. New York, NY: Perennial Library/Harper & Row Publishers, Inc.
- Bass, E., & Davis, L. (1994). *The courage to heal: A guide for women survivors of child sexual abuse: featuring "Honoring the truth, a response to the backlash."* New York, NY: Harper Perennial.
- Beitchman, J. K., Zucker, K. J., Hood, J., E., Dacosta, J. A. Et al. (1990). A review of the short-term effects of child sexual abuse. *Child Abuse and Neglect*, 15 (4), 537-556.
- Bell, D., & Belicki, K. (1998). A community-based study of well-being in adults reporting childhood abuse. *Child Abuse and Neglect*, 22(7), 681-685.
- Benjamin, L. S. (1988). *SASB Short Form user's manual*. Salt Lake City, UT: Intrex Interpersonal Institute.
- Benjamin, L., S. (1996). A Clinical Friendly Version of the Interpersonal Circumplex:

- Structural Analysis of Social Behaviour (SASB). *Journal of Personality Assessment* 66(2), 248-266.
- Bernstein, D. P., & Fink, L. (1998). *Childhood Trauma Questionnaire Manual*. San Antonio, TX: The Psychological Corporation.
- Beutler, L. E., & Clarkin, J. F. (1990). *Systematic treatment selection: Toward targeted therapeutic interventions*. Philadelphia, PA: Brunner-Mazel.
- Binggeli, N. J., Hart, S. N., & Brassard, M. R. (2001). *Psychological maltreatment of children*. Thousand Oaks, CA: Sage.
- Bowlby, J. (1970). Disruption of affectional bonds and its effects on behavior. *Journal of Contemporary Psychotherapy*, 2 (2), 75-86.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Breslau, N., Davis, G., C., Andreski, P., and Peterson, E. (1991). Traumatic Events and Posttraumatic Stress Disorders in an Urban population of young girls. *Archives of General Psychiatry* 48 (3), 216-222.
- Briere, J. N. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Newbury Park, CA: Sage.
- Briere, J. (1996). *Therapy for adults molested as children, 2<sup>nd</sup> edition*. New York: Springer.
- Briere, J. (1997). *Psychological assessment of adult posttraumatic states*. Psychotherapy practitioners resource book series. Washington, DC: American Psychological Association.
- Briere, J. N. (2002). Treating adult survivors of severe childhood abuse and neglect:

- Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. N. Briere, C. T. Hendrix, C. Jenny, & T. A. Reid (Eds), *The APSAC handbook on child maltreatment* (2<sup>nd</sup> ed., pp. 175-203). Thousand Oaks, CA: Sage.
- Briere, J., & Runtz, M. (1993). Childhood sexual abuse: Long-term sequelae and implications for psychological assessment. *Journal of Interpersonal Violence*. *Special issue: Research on treatment of adults sexually abused in childhood*, 8 (3), 312-330.
- Carriere, M., F. (2004). *Anger Expression as a Predictor of Outcome in Emotion Focused Therapy with Adult Survivors of Childhood Abuse*. Unpublished master's thesis, University of Windsor, Windsor, ON.
- Cloitre, M., Koenen, K. C., Cohen, L.R., & Han, H. (2002). Skills training in affective and interpersonal regulation followed by exposure: A phase-based treatment for PTSD related to childhood abuse. *Journal of Consulting & Clinical Psychology*, 70 (5), 1067-1074.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). Hillsdale, NJ: Erlbaum.
- Cole, P., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, 60, 174-184.
- Cornell, W. F., & Olio, K. A. (1991). Integrating affect in treatment with adult survivors of physical and sexual abuse. *American Journal of Orthopsychiatry*, 61(1), 59-69.
- Courtois, C. A. (1996). *Healing the incest wound: Adult survivors in therapy*. New York: W.W. Norton.
- Courtois, C. A. (1997). Healing the incest wound: A treatment update with attention to

- recovered-memory issues. *American Journal of Psychotherapy*, 51(4), 464-496.
- Cummings, A. L., Hallberg, E. T., & Slemon, A. G. (1994). Templates of client change in short-term counseling. *Journal of Counseling Psychology*, 41 (4), 464-472.
- Davenport, D. S. (1991). The functions of anger and forgiveness: Guidelines for psychotherapy with victims. *Psychotherapy Theory, Research and Practice*, 28, 140-144.
- Derogatis, L. R. (1983). *SCL-90-R administration, scoring, and procedures manual for the revised version*. Towson, MD: Clinical Psychiatric Research.
- DiBlasio, F. A. (1998). The use of decision-based forgiveness intervention within intergenerational family therapy. *Journal of Family Therapy*, 20 (1), 77-94.
- Elliot, D., M. & Briere, J. (1995). Posttraumatic stress associated with delayed recall of sexual abuse: A general population study. *Journal of Traumatic Stress* 8, 629-647.
- Enright, R. D., & Fitzgibbons, R. P. (2000). *Helping clients forgive: An empirical guide for resolving anger and restoring hope*. Washington, DC: American Psychological Association.
- Fleiss, J., L. (1981). Balanced incomplete block design for inter-rater reliability studies. *Applied Psychological Measurement* 5(1), 1.5-112.
- Foa, E. B., Riggs, D. S., Dancu, C. V., & Rothbaum, B. O. (1993). Reliability and validity of a brief instrument for assessing posttraumatic stress disorder. *Journal of Traumatic Stress*, 6, 459-473.
- Forward, S. (1988). *Betrayal of innocence: incest and its devastation*. New York, NY: Penguin Books.
- Freedman, S. (2000). *Creating an expanded view: How therapists can help their clients*

- forgive. *Journal of Family Psychotherapy*, 11(1), 87-92.
- Freedman, S., & Enright, R., D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology*, 64, 983-992.
- Frijda, N., H. (1986). *The Emotions*. Cambridge, UK: Cambridge University Press.
- Garbarino, J., Guttman, E., & Seeley, J., W. (1986). *The psychologically battered child*. San Francisco: Jossey-Bass
- Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: Guilford Press.
- Gordon, K. T., Baucom, D. H, & Snyder, D. K. (2000). The use of forgiveness in marital therapy. In McCollough, M.E. (Ed.) & Pargament, K. I. (Ed.). *Forgiveness: Theory, research and practice*. New York, NY: Guilford Press.
- Greenberg, L., S., & Foerster, F., S. (1996). Task Analysis Exemplified: The Process of Resolving Unfinished Business. *Journal of Consulting and Clinical Psychology* 64 (3), 439-46.
- Greenberg, L. S., & Paivio, S. C. (1997). *Working with emotions in psychotherapy*. New York: The Guilford Press.
- Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating Emotional Change*. New York: Basic Books.
- Hargrave, T. D., & Sells, J.N. (1997). The development of a forgiveness scale. *Journal of Marital and Family Therapy*, 23 (1), 41-63.
- Hart, S., N., Binggeli, N., J., & Brassard, M., R. (1998). Evidence for the effects of psychological maltreatment. *Journal of Emotional Abuse*, 1, 27-56.
- Herman, J., L. (1992a). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress* 5, 377-392.

- Herman, J., L. (1992b). *Trauma and Recovery: The aftermath of violence-from domestic abuse to political terror*. New York: Basic Books.
- Holowaty, K. (2004). *Process Characteristics of Client-Identified Helpful Events in Emotion Focused Therapy for Adult Survivors of Childhood Abuse (EFT-AS)*. Unpublished master's thesis, University of Windsor, Windsor, ON.
- Horowitz, M. D. (1986). *Stress response syndromes (2<sup>nd</sup> ed.)*. Northvale, NJ: Jason Aronson.
- Horowitz, L. M., Rosenberg, S. E., Baer, B. A., Ureno, G., & Villasesnor, V. S. (1988). Inventory of interpersonal problems: Psychometric properties and clinical application. *Journal of Consulting and Clinical Psychology*, 56, 885-892.
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36(2), 223-233.
- Jacobson, N., S., & Truax, P. (1991). Clinical significance: A Statistical Approach to Defining Meaningful Change in Psychotherapy Research. *Journal of Consulting and Clinical Psychology* 59(1), 12-19.
- Kazdin, A., E. (1998). *Research design in clinical psychology (3<sup>rd</sup> ed.)*. Needham Heights, MA, US: Allyn & Bacon.
- Lambert, M., J. & Bergin, A., E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of Psychotherapy and Behavior Change* (4th ed., pp. 143-189). New York; Wiley.
- Lawler, K. (2000, March). *UT Study shows forgiveness linked to lower blood pressure*. Conference presentation at the annual meeting of the American Psychosomatic Society.
- MacMillan, H. L., Fleming, J. E., Trocme, N., Boyle, M. H., Wong, M., Racine, Y. A. et

- al. (1997). Prevalence of child physical and sexual abuse in the community: Results from the Ontario Health Supplement. *Journal of the American Medical Association, 278*, 131-135.
- McCullough, M., E. (2001). Forgiveness as Human Strength: Theory, Measurement and Links to Well-Being. *Journal of Social and Clinical Psychology 19*(1), 43-55.
- Malcolm, W., & Greenberg, L., S. (2005, May). *The Process of Forgiveness in Individuals and Couples*. Conference presentation at the annual meeting of the Society for the Exploration of Psychotherapy Integration, Toronto, ON.
- Morgan, T., & Cummings, A. L. (1999). Change experienced during group therapy by female survivors of childhood sexual abuse. *Journal of Consulting and Clinical Psychology, 67*(1), 28-36.
- Murphy, J. G. (1999). Repentance, punishment, and mercy. In A. Etzioni (Ed.), *Repentance: A comparative perspective* (pp. 143-170). Lanham, MD: Rowman & Littlefield.
- Murphy, J., G. (2002). Forgiveness in counseling: A philosophical perspective. In Lamb, S. & Murphy, J., G. (Ed). *Before forgiving: Cautionary views of forgiveness in psychotherapy*. London, Oxford University Press.
- Olio, K. (1992). Recovery from sexual abuse: Is forgiveness mandatory? *Voices: The Art and Science of Psychotherapy, 28*, 73-79.
- Paivio, S., C. (1999). *Experiential conceptualization and treatment of anger*. *Journal of Clinical Psychology 55* (3), 311-324.
- Paivio, S. C. (1996). *Changing dysfunctional emotional processes stemming from childhood abuse*. Unpublished manuscript, University of Windsor, Windsor, Ontario, Canada.

- Paivio, S. (2001). Stability of retrospective self reports of child abuse and neglect before and after therapy for child abuse issues. *Child Abuse and Neglect*, 25, 1053-1068.
- Paivio, S., C., & Greenberg, L., S. (1995). Resolving "unfinished business": Efficacy of experiential therapy using empty-chair dialogue. *Journal of Consulting and Clinical Psychology* 63(3), 419-425.
- Paivio, S., Hall, I., Holowaty, Jellis, & Tran (2001). Imaginal confrontation for resolving child abuse issues. *Psychotherapy Research*, 11(4), 43-453
- Paivio, S., C. & Jarry, J. L. (2004, June). *Comparative efficacy and active ingredients of two emotionally focussed therapies for resolving child abuse trauma*. Conference presentation at the annual meeting of the Society for the Exploration of Psychotherapy Integration, Italy.
- Paivio, S. & Laurent, C. (2001). Empathy and emotion regulation: Reprocessing memories of childhood abuse. *Journal of Clinical Psychology*, 57, 213-226.
- Paivio, S., & Nieuwenhuis, J. A. (2001). Efficacy of emotion focused therapy for adult survivors of childhood abuse: A preliminary study. *Journal of Traumatic Stress*, 14, 115-134.
- Paivio, S., & Patterson, L. A. (1999). Alliance Development in Therapy for Resolving Child Abuse Issues. *Psychotherapy: Theory/Research/Practice/Training*, 36, 343-354.
- Rice, K., M., & Paivio, S., C. (1999). *Change in perceptions of relationships with abusive and neglectful other following adult therapy for child abuse issues*. Unpublished master's thesis, University of Saskatchewan, Saskatoon, SK.
- Rogers, C.R. (1961). *On becoming a person*. Boston: Houghton Mifflin



- Rotter, J., C. (2001). Letting Go: Forgiveness in Counselling. *The Family Journal: Counseling and Therapy for Couples and Families* 9(2), 174-177.
- Saxe, B. J., & Johnson, S. M. (1999). An empirical investigation of group treatment for a clinical population of adult female incest survivors. *Journal of Child Sexual Abuse*, 8(1), 67-88.
- Singh, M. (1994). *Validation of a measure of session outcome in the resolution of unfinished business*. Unpublished doctoral dissertation, York University, Toronto, Ontario, Canada.
- Shea, M., T., & Zlotnick, C. (2002). Understanding and treating PTSD: Introduction. *Journal of Clinical Psychology*, 58(8), 869-875.
- Smucker, M., R., Dancu, C., Foa, E., B., & Niederee, J., L. (2002). Imagery rescripting: A new treatment for survivors of childhood sexual abuse suffering from posttraumatic stress. In Leahy, R., L., & Dowd, E., T. (Ed). *Clinical advances in cognitive psychotherapy: Theory and Application*. New York, NY: Springer Publishing Company.
- Spranca, M., Minsk, E., & Baron, J. (1991). *Omission and commission in judgment and choice*. *Journal of Experimental Social Psychology* 27, 76-105.
- Wolfsdorf, B. A., & Zlotnik, C. (2001). Affect management in group therapy for men and women with posttraumatic stress disorder and histories of childhood sexual abuse. *Journal of Clinical Psychology*, 57 (2), 169-181.
- Van der Kolk, B., A. (1996). The complexity of adaptation to trauma: self-regulation, stimulus discrimination, and characterological development. In van der Kolk, B., A., & McFarlane, A., C. (Ed). *Traumatic Stress: The effects of overwhelming experience on mind, body and society*. New York, NY: Guilford Press.

- Van der Kolk, B. A., & Fisler, R. E. (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Meninger Clinic*, 58 (2).
- van der Kolk, B. A., McFarlane, A. C., & van der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic Stress: The effects of overwhelming experience on mind, body, and society* (pp. 417-440). New York: Guilford Press.
- Younger, J., W., Piferi, R., L., Jobe, R., & Lawler, K., A. (2004). *Dimensions of forgiveness: The Views of Laypersons*. *Journal of Social and Personal Relationships* 21, 837-855.
- Zlotnick, C., Mattia, J., I., & Zimmerman, M. (2001). *Clinical correlates of self-mutilation in a sample of general psychiatric patients*. *Journal of Nervous and Mental Disease* 187, 296-301.

CLIENT NO \_\_\_\_\_  
RATER \_\_\_\_\_

Appendix A  
CTQ

Instructions: These questions ask about some of your experiences growing up as a child and a teenager. For each question, circle the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can. Your answers will be kept confidential.

1. When I was growing up, I didn't have enough to eat.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
2. When I was growing up, I knew that there was someone to take care of me and protect me.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
3. When I was growing up, people in my family called me things like "stupid," "lazy," or "ugly."  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
4. When I was growing up, my parents were too drunk or high to take care of the family.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
5. When I was growing up, there was someone in my family who helped me feel that I was important or special.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
6. When I was growing up, I had to wear dirty clothes.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
7. When I was growing up, I felt loved.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
8. When I was growing up, I thought that my parents wished I had never been born.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
9. When I was growing up, I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
10. When I was growing up, there was nothing I wanted to change about my family.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
11. When I was growing up, people in my family hit me so hard that it left me with bruises or marks.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
12. When I was growing up, I was punished with a belt, a board, a cord, or some other hard object.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True
13. When I was growing up, people in my family looked out for each other.  
1            2            3            4            5  
Never True   Rarely True   Sometimes True   Often True   Very Often True

14. When I was growing up, people in my family said hurtful or insulting things to me.  
1 2 3 4 5 resolution and forgiveness in eft-as 79

Never True Rarely True Sometimes True Often True Very Often True

15. When I was growing up, I believe I was physically abused.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

16. When I was growing up, I had the perfect childhood.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

17. When I was growing up, I got hit or beaten so badly that it was noticed by someone like a teacher, neighbour, or doctor.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

18. When I was growing up, I felt that someone in my family hated me.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

19. When I was growing up, people in my family felt close to each other.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

20. When I was growing up, someone tried to touch me in a sexual way or tried to make me touch them.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

21. When I was growing up, someone threatened to hurt me or tell lies about me unless I did something sexual with them

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

22. When I was growing up, I had the best family in the world.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

23. When I was growing up, someone tried to make me do sexual things or watch sexual things.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

24. When I was growing up, someone molested me.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

25. When I was growing up, I believe that I was emotionally abused.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

26. When I was growing up, there was someone to take me to the doctor if I needed it.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

27. When I was growing up, I believe I was sexually abused.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

28. When I was growing up, my family was a source of strength and support.

1 2 3 4 5  
Never True Rarely True Sometimes True Often True Very Often True

## Appendix B

**TRAUMATIC STRESS SYMPTOMS**

**Note:** current effects of childhood abuse experiences, motivation for seeking therapy—ie., why now; significant distress or impaired functioning.

1. Describe briefly the stressful event(s) reported by the client.
- Item A1 - actual or threatened death or injury, threat to phys integrity
- A2 - fear, helplessness, horror

For each item listed below, ascertain whether the individual experienced the symptoms during the past two weeks. Probe all positive responses in order to determine the severity of the symptoms (e.g., in the past two weeks, how often have you had bad dreams or nightmares), then rate the severity on the scale presented below.

**Rating Scale (ratings made over the last two weeks)**

- 0 = not at all  
 1 = Once per week or less/a little bit/once in a while/a few  
 2 = 2-4 times per week/somewhat/half the time/some  
 3 = 5 or more times per week/very much/almost always/many

**Reexperiencing Symptoms (need one)**

- \_\_\_ 1. Have you had recurrent or intrusive distressing thought or recollections about the childhood traumatic/abusive experiences (e.g., find self thinking about or remembering when you don't want to)?
- \_\_\_ 2. Have you been having recurrent bad dreams about the childhood trauma/abuse?
- \_\_\_ 3. Have you had the experience of suddenly reliving the early traumatic/abusive experiences, flashbacks of being in the situation, acting or feeling as if it were re-occurring?
- \_\_\_ 4. Have you been intensely emotionally upset when reminded of the early traumatic/abusive situations (includes anniversary reactions, television shows, talking about it in current interview)?
- \_\_\_ 5. Have you been having intense physical reactions when reminded of these early abusive experiences (e.g., stomach ache, tension, numbing, feeling panicky)?

**Avoidance Symptoms (need three)**

- \_\_\_ 6. Have you persistently been making efforts to avoid thoughts or feelings associated with the early abuse (e.g., shut it out of your mind, shut down, numb out, is this happening now)?

- \_\_\_ 7. Have you persistently been making efforts to avoid activities, situations, or places that remind you of the early abusive situations (e.g., avoiding contact with certain people, family members; watching certain movies, television shows)?
- \_\_\_ 8. Are there any important aspect of those early traumatic/abusive experiences that you still cannot remember?
- \_\_\_ \*9. Have you markedly lost interest in free time activities since those early abusive experiences? chronic? frequency within the last two weeks?
- \_\_\_ \*10. Have you felt detached or cut off from others around you since these early experiences? chronic? within the last two weeks?
- \_\_\_ \*11. Have you felt that your ability to experience emotions is somehow diminished?
- \_\_\_ 12. Have you felt that any future plans or hopes have changed because of those early abusive experiences?

**Arousal Symptoms (need two)**

- \_\_\_ 13. Have you been having persistent difficulty falling or staying asleep?
- \_\_\_ 14. Have you been continuously irritable or having outbursts of anger?
- \_\_\_ 15. Have you been having persistent difficulty concentrating?
- \_\_\_ \*16. Are you overly alert since those early abusive experiences? chronic? frequency within the past two weeks?
- \_\_\_ \*17. Have you been jumpier, more easily startled, since those early experiences? chronic? frequency within the past two weeks?

Meets criteria for PTSD diagnosis? \_\_\_\_\_ Chronic or Delayed Onset  
 Severity rating \_\_\_\_\_  
 Other diagnosis \_\_\_\_\_

CLIENT NO \_\_\_\_\_  
 RATER \_\_\_\_\_

## Appendix C

## IES

The "event" refers to the early experiences of childhood trauma/abuse for which you sought therapy.

Below is a list of comments made by people after stressful life events. Please read the list below, and for each item, circle the number indicating how frequently these comments were true for you during the past seven days. If they did not occur during that time, please mark the 'not at all' column.

0 = Not at all  
 1 = Rarely experienced  
 2 = Sometime experienced  
 3 = Often experienced

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. I thought about it when I didn't mean to.....   | 0 | 1 | 2 | 3 |
| 2. I avoided letting myself get upset when I<br>thought about it or was reminded of it.....      | 0 | 1 | 2 | 3 |
| 3. I tried to remove it from memory.....   | 0 | 1 | 2 | 3 |
| 4. I had trouble falling asleep or staying asleep.   | 0 | 1 | 2 | 3 |
| 5. I had waves of strong feelings about it.....  | 0 | 1 | 2 | 3 |
| 6. I had dreams about it.....  | 0 | 1 | 2 | 3 |
| 7. I stayed away from reminders of it.....   | 0 | 1 | 2 | 3 |
| 8. I felt as if it hadn't happened or it wasn't<br>real.....                                     | 0 | 1 | 2 | 3 |
| 9. I tried not to talk about it.....   | 0 | 1 | 2 | 3 |
| 10. Pictures about it popped into my mind.....   | 0 | 1 | 2 | 3 |
| 11. Other things kept making me think about it....   | 0 | 1 | 2 | 3 |
| 12. I was aware that I still had a lot of feelings<br>about it, but I didn't deal with them..... | 0 | 1 | 2 | 3 |
| 13. I tried not to think about it.....   | 0 | 1 | 2 | 3 |
| 14. Any reminder brought back feelings about it...   | 0 | 1 | 2 | 3 |
| 15. My feelings about it were kind of numb.....  | 0 | 1 | 2 | 3 |

## Appendix D

CLIENT NO \_\_\_\_\_  
 RATER \_\_\_\_\_

## SCL-90

Below is a list of problems people sometimes have. Please read the list below, and for each item, circle the number that describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully.

0 = Not at all  
 1 = A little  
 2 = Moderately  
 3 = Quite a bit  
 4 = Extremely

How much were you distressed by:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. headaches.....  | 0 | 1 | 2 | 3 | 4 |
| 2. nervousness or shakiness.....                                   | 0 | 1 | 2 | 3 | 4 |
| 3. repeated unpleasant thoughts that won't<br>leave your mind..... | 0 | 1 | 2 | 3 | 4 |
| 4. faintness or dizziness.....                                     | 0 | 1 | 2 | 3 | 4 |
| 5. loss of sexual interest or pleasure.....                        | 0 | 1 | 2 | 3 | 4 |
| 6. feeling critical of others.....                                 | 0 | 1 | 2 | 3 | 4 |
| 7. the idea that someone else can control your<br>thoughts.....    | 0 | 1 | 2 | 3 | 4 |
| 8. feeling others are to blame for most of your<br>troubles.....   | 0 | 1 | 2 | 3 | 4 |
| 9. trouble remembering things.....                                 | 0 | 1 | 2 | 3 | 4 |
| 10. worried about sloppiness or carelessness....                   | 0 | 1 | 2 | 3 | 4 |
| 11. feeling easily annoyed or irritated.....                       | 0 | 1 | 2 | 3 | 4 |
| 12. pains in heart or chest.....                                   | 0 | 1 | 2 | 3 | 4 |
| 13. feeling afraid in open spaces or on the<br>street.....         | 0 | 1 | 2 | 3 | 4 |
| 14. feeling low in energy or slowed down.....                      | 0 | 1 | 2 | 3 | 4 |
| 15. thoughts of ending your life.....                              | 0 | 1 | 2 | 3 | 4 |
| 16. hearing voices that other people do not<br>hear.....           | 0 | 1 | 2 | 3 | 4 |
| 17. trembling.....   | 0 | 1 | 2 | 3 | 4 |
| 18. feeling that most people cannot be trusted..                   | 0 | 1 | 2 | 3 | 4 |
| 19. poor appetite.....   | 0 | 1 | 2 | 3 | 4 |
| 20. crying easily.....   | 0 | 1 | 2 | 3 | 4 |
| 21. feeling shy or uneasy with the opposite<br>sex.....            | 0 | 1 | 2 | 3 | 4 |
| 22. feelings of being trapped or caught.....                       | 0 | 1 | 2 | 3 | 4 |
| 23. suddenly scared for no reason.....                             | 0 | 1 | 2 | 3 | 4 |
| 24. temper outbursts that you could not<br>control.....            | 0 | 1 | 2 | 3 | 4 |



25.	feeling afraid to go out of your house alone.....	0	1	2	3	4
26.	blaming yourself for things.....	0	1	2	3	4
27.	pains in lower back.....	0	1	2	3	4
28.	feeling blocked in getting things done.....	0	1	2	3	4
29.	feeling lonely.....	0	1	2	3	4
30.	feeling blue.....	0	1	2	3	4
31.	worrying too much about things.....	0	1	2	3	4
32.	feeling no interest in things.....	0	1	2	3	4
33.	feeling fearful.....	0	1	2	3	4
34.	your feelings being easily hurt.....	0	1	2	3	4
35.	other people being aware of your private thoughts.....	0	1	2	3	4
36.	feeling others do not understand you or are unsympathetic.....	0	1	2	3	4
37.	feeling that people are unfriendly or dislike you.....	0	1	2	3	4
38.	having to do things very slowly to insure correctness.....	0	1	2	3	4
39.	heart pounding or racing.....	0	1	2	3	4
40.	nausea or upset stomach.....	0	1	2	3	4
41.	feeling inferior to others.....	0	1	2	3	4
42.	soreness of your muscles.....	0	1	2	3	4
43.	feeling that you are watched or talked about by others.....	0	1	2	3	4
44.	trouble falling asleep.....	0	1	2	3	4
45.	having to check and double-check what you do.....	0	1	2	3	4
46.	difficulty making decisions.....	0	1	2	3	4
47.	feeling afraid to travel on buses, subways, or trains.....	0	1	2	3	4
48.	trouble getting your breath.....	0	1	2	3	4
49.	hot or cold spells.....	0	1	2	3	4
50.	having to avoid certain things, places, or activities because they frighten you.....	0	1	2	3	4
51.	your mind going blank.....	0	1	2	3	4
52.	numbness or tingling in parts of your body..	0	1	2	3	4
53.	a lump in your throat.....	0	1	2	3	4
54.	feeling hopeless about the future.....	0	1	2	3	4
55.	trouble concentrating.....	0	1	2	3	4
56.	feeling weak in parts of your body.....	0	1	2	3	4
57.	feeling tense or keyed up.....	0	1	2	3	4
58.	heavy feelings in your arms or legs.....	0	1	2	3	4
59.	thoughts of death or dying.....	0	1	2	3	4
60.	overeating.....	0	1	2	3	4
61.	feeling uneasy when people are watching or talking about you.....	0	1	2	3	4

62.	having thoughts that are not your own.....	0	1	2	3	4
63.	having urges to beat, injure, or harm someone.....	0	1	2	3	4
64.	awakening in the early morning.....	0	1	2	3	4
65.	having to repeat the same actions such as touching, counting, or washing.....	0	1	2	3	4
66.	sleep that is restless or disturbed.....	0	1	2	3	4
67.	having urges to break or smash things.....	0	1	2	3	4
68.	having ideas or beliefs that others do not share.....	0	1	2	3	4
69.	feeling very self-conscious with others.....	0	1	2	3	4
70.	feeling uneasy in crowds, such as shopping or at a movie.....	0	1	2	3	4
71.	feeling everything is an effort.....	0	1	2	3	4
72.	spells of terror or panic.....	0	1	2	3	4
73.	feeling uncomfortable about eating or drinking in public.....	0	1	2	3	4
74.	getting into frequent arguments.....	0	1	2	3	4
75.	feeling nervous when you are left alone.....	0	1	2	3	4
76.	others not giving your proper credit for your achievements.....	0	1	2	3	4
77.	feeling lonely even when you are with people.....	0	1	2	3	4
78.	feeling so restless you couldn't sit still..	0	1	2	3	4
79.	feelings of worthlessness.....	0	1	2	3	4
80.	the feeling that something bad is going to happen to you.....	0	1	2	3	4
81.	shouting or throwing things.....	0	1	2	3	4
82.	feeling afraid you will faint in public.....	0	1	2	3	4
83.	feeling that people will take advantage of you if you let them.....	0	1	2	3	4
84.	having thoughts about sex that bother you a lot.....	0	1	2	3	4
85.	the idea that you should be punished for your sins.....	0	1	2	3	4
86.	thoughts and images of a frightening nature..	0	1	2	3	4
87.	the idea that something serious is wrong with your body.....	0	1	2	3	4
88.	never feeling close to another person.....	0	1	2	3	4
89.	feelings of guilt.....	0	1	2	3	4
90.	the idea that something is wrong with your mind.....	0	1	2	3	4

## Appendix E

### IIP

Here is a list of problems that people report in relating to other people. Please read the list below, and for each item, select the number that describes how distressing that problem has been for you. Then circle that number.

Key    0 = Not at all  
          1 = A little  
          2 = Moderately  
          3 = Quite a bit  
          4 = Extremely

Part I. The following are things you find hard to do with other people

It is hard for me to:

1. trust other people.....0 1 2 3 4
2. say "no" to other people.....0 1 2 3 4
3. join in on groups.....0 1 2 3 4
4. keep things private from other people.....0 1 2 3 4
5. let other people know what I want.....0 1 2 3 4
6. tell a person to stop bothering me.....0 1 2 3 4
7. introduce myself to new people.....0 1 2 3 4
8. confront people with problems that come up.....0 1 2 3 4
9. be assertive with another person.....0 1 2 3 4
10. make friends.....0 1 2 3 4
11. express my admiration for another person.....0 1 2 3 4
12. have someone dependent on me.....0 1 2 3 4
13. disagree with other people.....0 1 2 3 4
14. let other people know when I am angry.....0 1 2 3 4
15. make a long-term commitment to another person.....0 1 2 3 4
16. stick to my own point of view and not be swayed by other people.....0 1 2 3 4
17. be another person's boss.....0 1 2 3 4
18. do what another person wants me to do.....0 1 2 3 4
19. get along with people who have authority over me.....0 1 2 3 4
20. be aggressive towards other people when the situation calls for it.....0 1 2 3 4
21. compete against other people.....0 1 2 3 4
22. make reasonable demands of other people.....0 1 2 3 4
23. socialize with other people.....0 1 2 3 4
24. get out of a relationship that I don't want to be in.....0 1 2 3 4
25. take charge of my own affairs without help from other people.....0 1 2 3 4

KEY: 0 = Not at all  
 1 = A little  
 2 = Moderately  
 3 = Quite a bit  
 4 = Extremely

It is hard for me to:

26. show affection around other people.....0 1 2 3 4
27. feel comfortable around other people.....0 1 2 3 4
28. get along with other people.....0 1 2 3 4
29. understand another person's point of view.....0 1 2 3 4
30. tell personal things to other people.....0 1 2 3 4
31. believe that I am lovable to other people.....0 1 2 3 4
32. express my feelings to other people directly.....0 1 2 3 4
33. be firm when I need to be.....0 1 2 3 4
34. experience a feeling of love for another person.....0 1 2 3 4
35. be competitive when the situation calls for it.....0 1 2 3 4
36. set limits on other people.....0 1 2 3 4
37. be honest with other people.....0 1 2 3 4
38. be supportive of another person's goals in life.....0 1 2 3 4
39. feel close to other people.....0 1 2 3 4
40. really care about other people's problems.....0 1 2 3 4
41. argue with another person.....0 1 2 3 4
42. relax and enjoy myself when I go out with other people.....0 1 2 3 4
43. feel superior to another person.....0 1 2 3 4
44. become sexually aroused toward the person I really care about.....0 1 2 3 4
45. feel that I deserve another person's affection.....0 1 2 3 4
46. keep up my side of a friendship.....0 1 2 3 4
47. spend time alone.....0 1 2 3 4
48. give a gift to another person.....0 1 2 3 4
49. have loving and angry feelings towards the same person.....0 1 2 3 4
50. maintain a working relationship with someone I don't like.....0 1 2 3 4
51. set goals for myself without other people's advice.....0 1 2 3 4
52. accept another person's authority over me.....0 1 2 3 4
53. feel good about winning.....0 1 2 3 4
54. ignore criticism from other people.....0 1 2 3 4

KEY: 0 = Not at all

1 = A little

2 = Moderately

3 = Quite a bit

4 = Extremely

It is hard for me to:

55. feel like a separate person when I am in a relationship.....0 1 2 3 4
56. allow myself to be more successful than other people.....0 1 2 3 4
57. feel or act competent in my role as parent.....0 1 2 3 4
58. let myself feel angry at somebody I like.....0 1 2 3 4
59. respond sexually to another person.....0 1 2 3 4
60. accept praise from another person.....0 1 2 3 4
61. put somebody else's needs before my own.....0 1 2 3 4
62. give credit to another person for doing something well.....0 1 2 3 4
63. stay out of other people's business.....0 1 2 3 4
64. take instructions from people who have authority over me.....0 1 2 3 4
65. feel good about another person's happiness.....0 1 2 3 4
66. get over the feeling of loss after a relationship has ended.....0 1 2 3 4
67. ask other people to get together socially with me.....0 1 2 3 4
68. feel angry at other people.....0 1 2 3 4
69. give constructive criticism to another person.....0 1 2 3 4
70. experience sexual satisfaction.....0 1 2 3 4
71. open up and tell my feelings to another person.....0 1 2 3 4
72. forgive another person after I've been angry.....0 1 2 3 4
73. attend to my own welfare when somebody else is needy.....0 1 2 3 4
74. be assertive without worrying about hurting the other person's feelings....0 1 2 3 4
75. be involved with another person without feeling trapped.....0 1 2 3 4
76. do work for my own sake instead of for someone else's approval.....0 1 2 3 4
77. be close to somebody without feeling that I'm betraying somebody else.....0 1 2 3 4
78. be self-confident when I am with other people.....0 1 2 3 4

Part II. The following are things that you do too much.

79. I fight with other people too much.....0 1 2 3 4
80. I am too sensitive to criticism.....0 1 2 3 4
81. I feel too responsible for solving other people's problems.....0 1 2 3 4
82. I get irritated or annoyed too easily.....0 1 2 3 4
83. I am too easily persuaded by other people.....0 1 2 3 4

KEY: 0 = Not at all

1 = A little

2 = Moderately

3 = Quite a bit

4 = Extremely

84. I want people to admire me too much.....0 1 2 3 4
85. I act like a child too much.....0 1 2 3 4
86. I am too dependent on other people.....0 1 2 3 4
87. I am too sensitive to rejection.....0 1 2 3 4
88. I open up to people too much.....0 1 2 3 4
89. I am too independent.....0 1 2 3 4
90. I am too aggressive towards other people.....0 1 2 3 4
91. I try to please other people too much.....0 1 2 3 4
92. I feel attacked by other people too much.....0 1 2 3 4
93. I feel too guilty for what I have done.....0 1 2 3 4
94. I clown around too much.....0 1 2 3 4
95. I want to be noticed too much.....0 1 2 3 4
96. I criticize other people too much.....0 1 2 3 4
97. I trust other people too much.....0 1 2 3 4
98. I try to control other people too much.....0 1 2 3 4
99. I avoid other people too much.....0 1 2 3 4
100. I am affected by another person's moods too much.....0 1 2 3 4
101. I put other people's needs before my own too much.....0 1 2 3 4
102. I try to change other people too much.....0 1 2 3 4
103. I am too gullible.....0 1 2 3 4
104. I am overly generous to other people.....0 1 2 3 4
105. I am too afraid of other people.....0 1 2 3 4
106. I worry too much about other people's reactions to me.....0 1 2 3 4
107. I am too suspicious of other people.....0 1 2 3 4
108. I am influenced too much by another person's thoughts and feelings.....0 1 2 3 4
109. I compliment other people too much.....0 1 2 3 4
110. I worry too much about disappointing other people.....0 1 2 3 4
111. I manipulate other people too much to get what I want.....0 1 2 3 4
112. I lose my temper too easily.....0 1 2 3 4
113. I tell personal things to other people too much.....0 1 2 3 4
114. I blame myself too much for causing other people's problems.....0 1 2 3 4
115. I am too easily bothered by other people making demands of me.....0 1 2 3 4

KEY: 0 = Not at all

1 = A little

2 = Moderately

3 = Quite a bit

4 = Extremely

116. I argue with other people too much.....0 1 2 3 4
117. I am too envious and jealous of other people.....0 1 2 3 4
118. I keep other people at a distance too much.....0 1 2 3 4
119. I worry too much about my family's reactions to me.....0 1 2 3 4
120. I let other people take advantage of me too much.....0 1 2 3 4
121. I too easily lose a sense of myself when I am around a  
strong-minded person.....0 1 2 3 4
122. I feel too guilty for what I have failed to do.....0 1 2 3 4
123. I feel competitive even when the situation does not call for it.....0 1 2 3 4
124. I feel embarrassed in front of other people too much.....0 1 2 3 4
125. I feel too anxious when I am involved with another person.....0 1 2 3 4
126. I am affected by another person's misery too much.....0 1 2 3 4
127. I want to get revenge against people too much.....0 1 2 3 4

## Appendix F

## CLIENT WAI

**INSTRUCTIONS:** On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her therapist (counsellor). As you read the sentences mentally insert the name of your therapist in place of \_\_\_\_\_ in the text.

Below each statement inside there is a seven point scale:

---

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

---

If the statement describes the way you always feel (or think) circle the number 7; if it never applies to you circle the number 1. Use the numbers in between to describe the variations between these extremes.

**THIS QUESTIONNAIRE IS CONFIDENTIAL; NEITHER YOUR THERAPIST NOR THE AGENCY WILL SEE YOUR ANSWERS.**

Work fast, your first impressions are the ones we would like to see. (Please don't forget to respond to every item).

Thank you for your cooperation.



# CLIENT WAI

\_\_\_\_\_ and I agree about the things I need to do in therapy to help improve my situation.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

What I am doing in therapy gives me new ways of looking at my problems.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

I believe \_\_\_\_\_ likes me.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

\_\_\_\_\_ does not understand what I am trying to accomplish in therapy.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

I am confident in \_\_\_\_\_ ability to help me.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

\_\_\_\_\_ and I are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

I feel that \_\_\_\_\_ appreciates me.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

We agree on what is important for me to work on.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

\_\_\_\_\_ and I trust each other.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

0. \_\_\_\_\_ and I have different ideas on what my problems are.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

1. We have established a good understanding of the kind of changes that would be good for me.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

2. I believe the way we are working with my problem is correct.

1	2	3	4	5	6	7
never	rarely	occasionally	sometimes	often	very often	always

## Appendix G

### Dimensions of Engagement in IC

1. Willingness to Participate in Intervention
  - (a) Agreement on the value of the intervention rather than refusal or resistance
  - (b) Willingness to communicate; uninhibited and active rather than withdrawn
  - (c) Spontaneous elaboration; initiates dialogue with imagined other rather than purely compliant with therapist directives
2. Psychological Contact with Imagined Other
  - (a) Describes how other looks/behaves
  - (b) Looks at/towards imagined other rather than therapist
  - (c) Uses "you" and "I" language rather than third person in dialogue with imagined other
3. Emotional Reaction
  - (a) Admits feelings verbally
  - (b) Nonverbal indicators of emotional arousal (e.g., vocal quality, gestures, tears)

### Levels of Engagement Scale (LES)

#### Level 1: Refusal to Engage

Client directly refuses to participate in intervention or ignores therapist directives to speak to imagined other. No evidence of psychological contact with imagined other beyond initial emotional reaction or description of other. No admission of feelings or evidence of emotional arousal expressed toward imagined other. Interaction is with the therapist only.

#### Level 2: Resistant Engagement

Client does not want to participate in the intervention but is minimally compliant. Virtually all statements toward imagined other are strictly compliance with therapist directives with no spontaneous elaboration or initiation of dialogue. Therapist involvement is needed to get client to start and maintain the dialogue. Minimal psychological contact with imagined other-- e.g., virtually all third person when referring to other. Client is withdrawn rather than active or expressive in dialogue. Virtually no emotion (verbal or nonverbal) expressed in dialogue with other. Most of the interaction is with the therapist rather than imagined other.

#### Level 3: Reluctant Engagement

Client is ambivalent about participation in the intervention. Compliance with therapist directives to speak to imagined other and some spontaneous elaboration of therapist initiated statement occurs. Some psychological contact with imagined other but frequent use of third person when addressing other. Admits feelings but little arousal OR arousal but dialogue with imagined other is frequently interrupted by interaction with the therapist (e.g., client deflects from interaction with other, therapist interrupts client, discussion focuses on client reluctance or difficulty with intervention). About half the dialogue is with imagined other.

#### Level 4: Willing Engagement

Client willingly participates in the intervention but may be somewhat constricted in interaction with imagined other (e.g., due to performance anxiety, fear of facing other, or fear of overwhelming affect). Consistent psychological contact with imagined other--i.e., consistent use of "I" and "you" language. Admits feelings although may still be little arousal, flat, intellectual in interaction with imagined other. Moderate amount of spontaneous elaboration AND client initiates statements/topics (content) beyond what is suggested by therapist. Minimal interaction with therapist (e.g., for purpose of structuring, clarification, discussion of client difficulty). Most of the dialogue is with imagined other.

#### Level 5: Full Engagement

Client is fully and uninhibitedly engaged in the dialogue with imagined other. All evidence indicates consistent psychological contact with other. After initial therapist guidance/directive, virtually all client statements to imagined other involve spontaneous elaboration AND frequent client initiation of topics. Admits feelings AND evidence of emotional arousal. Once dialogue has begun, virtually no interruptive interaction with therapist. Minimal therapist involvement. Virtually all dialogue is with imagined other.

## Appendix H

CLIENT NO \_\_\_\_\_

**SASB**

The following questions ask you to rate your perceptions of the relationship between yourself and the significant other person you wish to focus on in therapy. There are no right or wrong answers, we are interested in how you most often view the relationship.

First, think about the issues with this person that brought you into therapy. Then, use the attached answer sheet to rate how well each statement describes how you view the relationship between yourself and this person.

**INTREX Short form B/She/Present/Version 2**

Please use an answer sheet marked "interpersonal" and indicate how well each question describes:  
**YOUR SIGNIFICANT OTHER PERSON** \_\_\_\_\_

Use the scale that appears at the top of the answer sheet.

- 
1. She likes me and tries to see my point of view even if we disagree.
  2. She is closed off from me and mostly stays alone in her own world.
  3. She tells me my ways are wrong and I deserve to be punished.
  4. Without giving it a thought, she carelessly forgets me, leaves me out of important things.
- 
5. She trustingly depends on me, willingly takes in what I offer.
  6. With much love and caring, she tenderly approaches if I seem to want it.
  7. She bitterly, resentfully gives in, and hurries to do what I want.
  8. She peacefully and plainly states her own thoughts and feelings to me.
- 
9. To make sure things turn out right, she tells me exactly what to do and how to do it.
  10. She defers to me and conforms to my wishes.
  11. She has a clear sense of what she thinks, and chooses her own ways separately from me.
  12. Without caring what happens to me, she murderously attacks in the worst way possible.
- 
13. In a very loving way, she helps, guides, shows me how to do things.
  14. Without much concern, she gives me the freedom to do things on my own.
  15. She is joyful and comfortable, altogether delighted to be with me.
  16. Filled with disgust and fear, she tries to disappear, to break loose from me.
- 

For questions #17 through 32, change from rating her to rating  
**YOURSELF IN THIS RELATIONSHIP.**

- 
17. I like her and try to see her point of view even if we disagree.
  18. I am closed off from her and mostly stay alone in my own world.
  19. I tell her her ways are wrong and she deserves to be punished.
  20. Without giving it a thought, I carelessly forget her, leave her out of important things.
- 
21. I trustingly depend on her, willingly take in what she offers
  22. With much love and caring, I tenderly approaches if she seem to want it.
  23. I bitterly, resentfully give in, and hurry to do what she want.
  24. I peacefully and plainly states my own thoughts and feelings to her.
- 
25. To make sure things turn out right, I tells her exactly what to do and how to do it.
  26. I defers to her and conforms to her wishes.
  27. I have a clear sense of what I think, and choose my own separate ways.
  28. Without caring what happens to her, I murderously attack her in the worst way possible.
- 
29. In a very loving way, I help, guide, show her how to do things.
  30. Without much concern, I give her the freedom to do things on her own.
  31. I am joyful and comfortable, altogether delighted to be with her.
  32. Filled with disgust and fear, I try to disappear, to break loose from her.
-

Please use pencil and completely fill in the circle which describe your views.

se this scale:

NEVER  
NOT AT ALL

ALWAYS  
PERFECTLY

0 10 20 30 40 50 60 70 80 90 100

A rating of less than 50 indicates "false"; a rating of 50 or more indicates "true".

For questions 1 - 16 rate HIM or HER

For questions 17-32 rate YOURSELF with him or her

<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100

17.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
18.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
19.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
20.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
21.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
22.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
23.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
24.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
25.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
26.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
27.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
28.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
29.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
30.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
31.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100
32.	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	<input type="radio"/> 100



RS

1 2 3 4 5  
Not at all Very much

CLIENT NO. \_\_\_\_\_

ASSESSMENT TIME \_\_\_\_\_

SIGNIFICANT OTHER \_\_\_\_\_

DATE \_\_\_\_\_

8. I feel unable to let go of my unresolved feelings in relation to this person.

1	2	3	4	5
Not at all				Very much

9. I have a real appreciation of this person's own personal difficulties.

1	2	3	4	5
Not at all				Very much

10. I have come to terms with not getting what I want or need from this person.

1	2	3	4	5
Not at all				Very much

11. I view myself as being unable to stand up for myself in relation to this person.

1	2	3	4	5
Not at all				Very much

12. I feel accepting toward this person.

1	2	3	4	5
Not at all				Very much

## Appendix J

### Posttreatment Interview

Client ID \_\_\_\_\_  
Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Identify abusive/neglectful others who were the focus of therapy.  
Probe each client response for elaboration and specific examples.

#### Perceptions of Self and Others

1. Have you changed in relation to the issues you came to therapy for and, if so, how?
2. Has your view of yourself changed and, if so, how?
3. Has your view of the significant others you focused on in therapy changed and, if so, how?  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_
4. Are there other changes you feel are important?

#### Contributing Processes

Identify events/processes regarding each change noted above.  
Probe for elaboration and specific in-session events, processes.

1. What things happened in therapy that contributed to the changes you've described?
2. How did these therapy events/processes contribute?
3. Approximately when in therapy did these events/processes occur?
4. What things happened outside of therapy that contributed to the changes you've described?

#### Other

1. Were there aspects or things that happen in therapy that you wish had been different?
2. Is there anything else regarding your experience of therapy that you would like to communicate?

## Appendix K

### *Coding Manual*

#### A. Coding Procedures and Rules

The clients responses that were selected for ratings represented pre-post treatment changes in the clients view of the self (code A), abusive other (code B) or neglectful other (code C).

Transcribed responses were separated into phrases or meaning units. Each phrase refers to one of the three types of change described above and represents single thought, idea, content theme.

Raters have access to both the entire transcribed PTI's as well as a break down of the rateable phrases or meaning units. The entire PTI's will provide the rater with the context, which may help in understanding phrases to be rated. The break down will be provided in order to make clear to the rater what phrase or meaning unit is to be coded.

Two raters will independently code each phrase. Disagreements will be discussed and resolved after rating each entire transcript. If the two raters cannot reach agreement, the research supervisor (Dr. Paivio) will assign the final code.

Normally, each phrase will be assigned one category code representing the dominant nature of that meaning unit. In rare cases, double coding will be allowed. A phrase may contain pre-post changes in the self and abusive other, thus requiring two change codes (A and B), each with different thematic category codes. For example, "I can now look back and say I was a very innocent little girl who was abused by my father" would receive a B3/A6 code because the client is holding the abusive other accountable (B3) and at the same time is reducing self blame for the abuse (A6).

Responses referring to both explicit and implicit change will be coded. The following meaning unit is an example of explicit pre-post change: "I feel more warmth towards myself". This meaning unit explicitly shows that the client is more loving towards self compared to beginning of therapy and would be coded A1. The following meaning units are examples where change is implied: "I didn't like myself" and "I had always blamed myself for everything". The first meaning unit implies that the client has changed from not liking-to-liking the self, and would be coded A1. The second meaning unit implies that the client no longer blames the self for what happened, and would be coded A6.

Synonymous words are to be given the same code. For example, the meaning units "I have become more sure of myself" and "more confident in myself" will be given the same code.

After each transcript is rated and agreement reached, new examples of each category will be added to list of phrases defining or exemplifying each category code. (Refer to section entitled 'Coding Scheme: Changes in Self-Other Representations' for a list of examples for each category).

## B. Rules for Raters

Read the phrase to be rated and enough context in the PTI to clarify the meaning of the phrase.

Decide what person the change is referring to and write it on the coding sheet (A=self; B=abusive other; C=neglectful other). Although it is preferred that you pick ONE, it is possible for one phrase to represent two different people (e.g., self and abusive other). If you cannot choose only one, write down both. For example, "I can now look back and say I was a very innocent little girl who was abused by my father" would receive a B and A code because the client has changed the view of father and of self.

Next decide which thematic category code represents the phrase. This will depend on the person identified in the previous step. That is, if you identify the change as A or self change, then your selection of thematic category codes can only represent those identified under self change. Again, it is possible to have two different thematic category codes for two different people, but it is not possible to have two different thematic category codes that represent ONE person. You are to choose the thematic category code that best represents the phrase or meaning unit.

## C. Distinctions between Category Codes

The following guidelines will clarify distinctions between similar category codes.

A1 (increased self acceptance; self esteem; reduced self criticism) will be used when the meaning unit refers to the self, in general. Examples include "I didn't like myself", "more loving towards myself", "simply self esteem", "I feel more comfortable with myself", "more accepting of myself". This should be distinguished from A6 which refers to reduced self blame specifically related to childhood abuse (see A6.)

A6 (reduced self blame for abuse) will be used when the meaning unit refers to self-blame specifically related to childhood events. Examples include "uh, not blaming myself for what happened as a child", "I was a sweet innocent child at the time". The context needs to be considered in some instances. For example, "I had always blamed myself for everything" (context indicated that 'everything' referred to childhood events).

A3 (increased self empowerment, assertion, self confidence, sense of control; better coping) will be used when the meaning unit refers to the self in general. Examples include "more confident in myself", "And feeling that I have some rights, instead of just every body else had rights and I didn't". This should be distinguished from A4, which is specific to the abuse.

A4 (firmer boundaries; increased separation or detachment from abusive/neglectful other or traumatic events; less intrusive symptoms) will be used when the meaning unit refers to changes that are specific to the abusive and/or neglectful others or traumatic events. Examples include "I have been able to, well, throw it (abuse) in the garbage", "Um, it (abuse) is no longer an overwhelming problem in my life", "but I don't know

what her (her=abusive other) way was, and I don't, I'm not going to try and figure that out".

A5 (increased self understanding and self awareness, in general) refers to insight or cognitive awareness and will be used when the client says things such as "I understand", "I learned" or "I realize". Examples include "learning who I really was."

A2 (reduced avoidance of feelings and memories associated with abuse; increase access to feelings in general) primarily refers to a change in the self (coded A), even if the client makes reference to the abuse or the abusive and/or neglectful others. Examples include "it was just all this bottled up anger at the abuse I had received as a child" (implies no longer bottled up - greater access to feelings), and "I released the anger and hatred I had at my parents".

A7/B5/C5 (no substantial change) specifically refers to no pre-post change in the self (A), abusive other (B) or neglectful other (C), in general. Example include "I don't really feel that my view of my father (abusive other) has changed". This should be distinguished from B4 (still angry), because the client refers to a specific dimension of change that is related to forgiveness.

#### D. Coding Scheme: Changes in Self-Other Representations

##### *Changes in View of the Self (A)*

##### 1. increased self acceptance; self esteem; reduced self criticism

- more forgiving of myself.
- I didn't like myself as a person,
- and, um, now, I can actually say I feel more warmth towards myself,
- more loving towards myself.
- I, I, I had been told for so many years what a rotten, bad, ugly person I was.
- and a horrible child just can't become a good person (crying) ha ha, and that has changed.
- so, uh, I feel more comfortable with myself, more,
- that there is something worthwhile in me that I can share with others.
- more accepting of myself,
- and after that I was able to loose those negative thoughts about myself as a child
- and that was, to me, the truth of it was when I could quit hating me.
- feeling I was never as good as anybody.

##### 2. reduced avoidance of feelings and memories associated with abuse; increased access to feelings in general

- I was able to get my anger at her out in therapy,
- it was just this all bottled up anger at the abuse I had received as a child
- I have been able to get the anger at my sexual abuse out.
- before that I had released the hatred and the anger I had at my parents
- getting rid of the hatred,

- getting rid of the anger,
- voice how I felt
- the anger at my body being violated by him,
- the anger at my mother knowing it was going on and not doing anything about it.

3. increase self empowerment, assertion, self confidence, sense of control; better coping

- probably, I have become more sure of myself,
- more confident in myself,
- And feeling that I have some rights, instead of just every body else had rights and I didn't

4. increased separation or detachment from abusive/neglectful other (firmer boundaries) and traumatic events (less intrusive symptoms)

- I have been able to, well, throw it in the garbage
- or put it to bed or whatever you want to call it
- um, it is no longer an overwhelming problem in my life
- but I don't know what her way was, and I don't, I'm not going to try and figure that out.
- and uh, he (Father = Abusive Other) has to resolve what was (inaudible) and I can put that to rest.
- That's garbage and it's gone, I don't need to worry about it.
- except that I can say that that is part of the past
- that I don't have to own.

5. increased self understanding and self awareness, in general

- learning who I really was.

1. reduced self blame for abuse

- Uh, not blaming myself for what happened as a child
- And not, not the guilt ridden person I had been
- Not overwhelmed with guilt, (refer to context)
- I don't need to feel dirty about it anymore.
- I was not the guilty person in the sexual abuse as he told me for years and years.
- You know I was an innocent child.
- I was a sweet innocent child at the time,
- I was a very unwilling partner and uh,
- and said that it was my fault
- and I was this horrible guilty person.

7. no substantial change

*Changes in View of the ABUSIVE Other (B)*

1. increased affiliation, acceptance; less anger toward the other
  - you know you can't change what's happened and...I think one of the things is that I used to be more sort of angry at my brother...
2. increased understanding; more differentiated perspective of other and traumatic events
  - ...I don't have any problems whatsoever seeing the viewpoint of my brother, for example. You know, how he saw things
3. holding other accountable; reduced minimization of harm
  - I still view him as the abuser
  - I don't, no man has that right to violate any woman or any child in particular.
  - Yeah he is accountable for his own actions.
  - He, he handed his accountability over to me
4. increased anger; or still angry; no forgiveness
  - Uh, but, uh, to actually say that I forgive you for it, no.
5. no substantial change
  - I don't really feel that my view of my father has changed

*Changes in View of the NEGLECTFUL Other (C)*

1. increased affiliation, acceptance; less anger toward the other
  - I find now that I am more accepting of her (Mother=neglectful other).
  - and that I can now look back and I can love the good things about her.
  - I can just accept that in her way she loved me
  - and that there were a few good things that I can remember her with.
  - and just remember the affectionate times
  - I look mom in the eye without feeling like...but you weren't there for me
2. increased understanding; more differentiated perspective of other and traumatic events
  - And now I can, in her way, she probably loved me
  - yeah,...like hey, if she didn't know, how could she have changed
  - but hey wait, my parents in their generation didn't know anything about those kind of things, watching for signs,, or...so probably they didn't see a thing
  - now I can see that mom didn't make the final decision



3. holding other accountable; reduced minimization of harm

- and now I realize that she's got the problem
- well, yeah, so I can put the blame where it belongs
- because my mother blaming me for not knowing where she was...

4. increased anger

- on one hand I don't want to send her a card at all, on the other hand I want to send her the mushiest card I can possibly find, you know, uh, sarcastic in a way
- right now I'm in the stage of despising her

5. no substantial change

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